2411 N. Charles Street, Baltimore

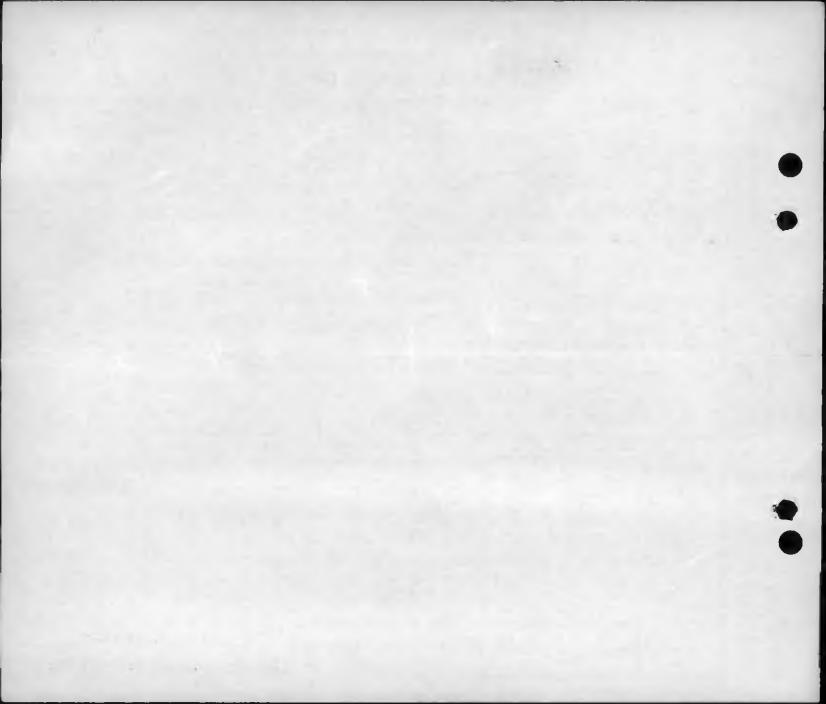
CERTIFICAT	E OF DEATH Reg. Dist. No.	9
Item 1, FilmG194 3-21-56 et 1. PLACE OF DEATH- COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Forrest, Dist. (in this place)	CITY (II outside corporate limits, write RURAL and give OR TOWN Baltimore	e nearest town)
HOSPITAL OR 12 INSTITUTION OR MORELAND Nursing Home	STREET (If rural, give location) ADDRESS 317 S. Chapel Street	,
3. NAME OF DECEASED (First) (Middle) DECEASED (Type or Print) Michalena (Lena) Anuszewski 5. SEX (6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) MARTIED.	(Anderson) 4. DATE (Month) OF DEATH March Sept 26, 1891 61 yrs.	(Day) (Year) 12 195 I year If under 24 h Days Hours Min
10n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIIE 10b. Kind of Business or Industry (Win Home	11. BIRTHPLACE (State or foreign country) 12.	COUNTRY?
John Lentz	Agnes Janowski	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II yes, give war or dates of 216-05-1478	Joseph Anuszewski 317 S. Chap	el Street
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	Muminia	INTERVAL BETWEE ONSET AND DEAT 24 Aug.
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 19a. DATE OF OPERATION	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
Burial March 16, 1986 Holy Ro	STO DST. Balts 19 hed ERY OR CREMATORY LOCATION (City, town, or count Political Manual	ated above. DATE SIGNED (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Lilly & Zeiler Inc., 403 S. Wo.	

Durs

UNFADING INK. Supply every item of information carefully it. Physicians: please write the causes of death clearly and legibly. SINDING MARGIN RESERVED FOR WRITE PLAINLY, WITH U PLEASE

The correct age

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

,		U	N	V	U	-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
Baltimore MARYLAND	Maryland Baltime	
CITY (If outside corporate limits, write RURAL CITY or and give nearest town) TOWN Dundalk LENGTH OF STAY (in this place) 28 VPS	CITY(If outside corporate limits, write RURAL and OR TOWN Dundalk	d give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6905 5th. Ave.	STREET (If rural give location) ADDRESS 6905 5th. Ave.	.7
DECEASED		16. 19 57
	OF BIRTH: 9. AGE last birthday IF UNDER : YE	AR IF UNDER 24 HRE.
oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder Both. Steel	11. BIRTHPLACE (State or foreign country): 12. (OUNTRY?
George Alex	Rose Baumgartner	
(Yes, no, or unk.) (If Yes, give war or dates of service) NONO YES	Clara Alex 6905 5th A	re. Dundak
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	Occhsin	ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, etc. INJURY OCCUR? (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	19 AM, from the causes and on the date s ADDRESS DATI	tated above.
23. BURIAL CREMETION; DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	country (State
Burtel (Specify) March 19,1956 St. Star		ryland

- 10 - 53 A15. VS.

MARGIN RESERVED FOR BINDING

REGISTRAR

John A. Moran

3000 E. Baltimore St

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Art LENA:

THE PARTY OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02508

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland county Dorchester						
	county Baltimore	MARYLAND							
	CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give nearest town)						
X	OR and give nearest town TOWN Fort Howard	2 Days	TOWN Cambri	døe	09 19,2				
	HOSPITAL OR		STREET	(If rural give location)	- 1 1 J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
0	INSTITUTION OR STREET ADDRESSVeterans Administr	ation Hospital	ADDRESS 6 Ceda	r Street	- 9				
	3. NAME OF (first)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)				
	(Type or Print) SAMUEL	ANDREW	YWECH (ANDREWS)	DEATHMARCH	26 1956				
	5. SEX 6. COLOR OR 7. SINGLE, MAR RACE WIDOWED, I	RIED, 8. DATE C	OF BIRTH 9.	AGE lest birthdey IF UNDER					
1	Male White (Spacify)Mar	rried Septe	ember 13, 1889	66 yrs. Months	Days Hours Min.				
	10a, USUAL OCCUPATION (Give kind of work 10b, K	IND OF BUSINESS	11. BIRTHPLACE (State or foreign		. CITIZEN OF WHAT				
2	retirad) Fisherman	OR INDUSTRY	Pinsk, Russia	7	COUNTRY?				
1	13. FATHER'S NAME	1	14. MOTHER'S MAIDEN N	A AAF	J. S. A.				
	John Andrewywech		Unknown	71716					
		16. SOCIAL SECURITY NO.	17. INFORMANT & AD	NOECE					
1	(Yes, no. or unk.) (If Yes, give wer or deles of sarvice)								
1	Yes WW I	Jnknown	Clin.Rec.,	Vet.Adm.Hosp.,Ft	. Howard Md.				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	ITIFICATION		INTERVAL BETWEEN ONSET AND DEATH				
	TORA	R PNEIMONTA R	IGHT UPPER AND	TENT TOLING	UNKNOWN				
8	YXXXX TOP		TOUT OFFIRE AND	TEPI LOWER	OMILIAOMIA				
	DISEASES OR CONDITIONS, IF ANY, (B)								
	GIVING RISE TO THE ABOVE CAUSE								
	STATING UNDERLYING CAUSE LAST. DUE TO								
	LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE CIRRIC	SIS OF LIVER.	2. ARTERIOSCLER	OTIC HEART DIS.	UNKNOWN				
5	19a, DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?				
2					YES X NO				
	216. ACCIDENT WAS UNDERLYING 216. PLACE (HO OR CONTRIBUTING CAUSE OF DEATH OF INJURY AIRCRAFT	me, ferm, fectory, , office bldg., etc.)	Ric. WHERE DID INJURY OCCUR?	(City or town) (Cour	(State)				
			211. HOW DID INJURY OCCUR?						
		hila Not whila work at work							
	22. I hereby certify that Kattended the dec	eased from March 21	, 19.56, to Marc	ch. 26., 19.56, nack	DEDESCRIPTION				
	2000 (200000000000000000000000000000000	d that death occurred at	6:30 M, from the ca	uses and on the date state	d above.				
W	SIGNATURE			ESS (Street, city, town, state)	DATE SIGNED				
50	COMESO AMERIC DONALD D. 1	LARK M.D. V	AH. FORT HOWARD	O. MARYLAND	3/26/56				
-	23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, town, or county) (Stete)				
A15C 1.55 10M	Burial 2-29-56	Cambridge Ce	emeterv	Cambridge, Mary	l and				
VS.	24 REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	E of	25: FUNERAL DIRECTOR'S SI		ADDRESS				
	offlerch 29 1956 Deman	L' Farler.	Ke Compt	¿ Ferre	2				
1	The second second	13	Le Compte Funer	ral Home Cambrio	ge. Md.				
				, ve coverso e vocated t to	NAME OF THE PARTY				

BY EXCENSIVE CERTAIN OF BRAIN PARTY COLORS

BUREAU V. S.

9961 68 UVV

BRECEIVED

1270 J. W. F.

VADDRESS

	The	MARILAND STATE DEFARIMENT OF HEALTH—BALTIMORE, 18	
		2526 CERTIFICATE OF DEATH Reg. Dist.	No. 30
- my	carefully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	D:
(]	carefull legibly.	COUNTY BALTIMURE MARYLAND STATE MOX COUNTY ?!	more Heaven
		CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY (If outside corporate limits, write RURAL a	nd give nearest town)
-	tion	OR and give nearest town) TOWN CATONS VILLE 10 444 TOWN CARMODY HIL	25 168 2
		HOSPITAL OR (If rural give location) INSTITUTION OR ADDRESS	
	m of information death clearly and	STREET ADDRESS SPRING QROVE St. How	V
	f in	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (I	Day) (Year)
1	n of eath	(Type of Print) HOWARD HRRINGTON DEATH: 3	3 1956
1	item of de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday if under 1 y Months D. Months D	ays Hours Min.
- 1/		(Specify): Promiol 3/3/1911 45 yrs.	200
1	eauses	10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	CITIZEN OF WHAT
ž		even if retired): NOTE - VIRGINIA b	y sink
<u> </u>	Supply te the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	0
E E	Su	MHZHBURK HRKINGLOW JUINVIE PAZ	<u>E</u>
pri pri	K. Su write	15. WAR DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates	
FOR BINDING	INK.	of service) - It orgital Records	
9	NG IN	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
EVE	Ö	2608	ONSET AND DEATH
	TA.	IMMEDIATE CAUSE (A) DIGUETIC COTTO	
SE	UNFADING sicians: plea	ANTECEDENT CAUSE (8)	
MARGIN RESERVED		DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	
di di	WITH at. Phy	STATING UNDERLYING CAUSE LAST	
A.K.	nt ₹	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
. ×	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE	
	N	DISEASE OR CONDITION CAUSING DEATH	
	6.00		YES NO W
	WRITE PL especially	21a. ACCIDENT WAS UNDERLYING ☐ OF LOWING ☐ COUNTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc. 21c. Where DID (City or town) (Counting if Either, Notify Medical Examiner)	(State)
	RI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	P>	OF INJURY M. While Not while at work	
	o e	22. I hereby certify that I attended the deceased from 1, 6, 1945, to 3, 1954, that I last	saw the deceased
50	0.	alive on 3 / 3 , 1957, and that death occurred at 555 P M, from the causes and on the date	
10 - 53	E TYPE orrect ag	ADDILESS	TE SIGNED
	SE	JK COWEN- M.D. Johned Mars Hoop. 3	13 56
A15-	<	23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City town, or REMOVAL SPECIFY)	
~	(E)	Survel 5/6/56 Minulville Vimile Will. Co	/

REGISTRAR'S, SIGNATURE

DATE REC'D BY LOCAL

REGISTRAR

BUREAU V. S.

THE PROPERTY OF THE PROPERTY OF THE PARTY OF

DECENAED SON

stely filled in by the funeral director, Pages 1 and 2 should be filed with

may be retained by the hasping in ottending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the ottending physician and compact page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, the registror prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executive

within 24 hours ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2519 CERTIFICATE OF DEATH 02510

71		Keg. Dis	I. NO					
	1. PLACE OF DEATH O. COUNTY Baltimere MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COMULTIME	te before admission)					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g						
ı	5/ Arbutus	Arbutus	5/					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
1	4106 Leeds Ave.	4106 Leeds Ave	YES NO					
	3. NAME OF DECEASED (Type or print) William P. Bach	Lost 4. DATE Month OF DEATH 3-14-56	Day Year					
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	Howard Co., Md. 12. CITY	ZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME UNKNOWN	UNKNOWN						
		NFORMANT awrence Bach, 4106 Leeds Ave	•					
	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH SMITT,							
١	Conditions, if any, which are to immediate (b) Conferios cla	Conditions, if any, which } (b) Cerperios claretic Cardio Case Ales ?						
	couse (o), stoting the under-							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 20d. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING [] CAUSE OF DEATH [] (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO					
		D. (Enler noture of injury in Part I or Port II of item 18.)						
	Hour a. n. 19 While Not white foci	ACE OF INJURY (Home, farm, 20f. (City or lown) (Cotory, street, office bldg., etc.)	ounty) (State)					
	21. I certify that I attended the deceased from alive an Market II 19-12, and that death	11 /1	ast saw the deceased the date stated above.					
	SIGNATURE FEARL Pass, MID.	e Puffly 2-16-						
	PHYSICIAN'S TIEARL PASS, M.D.	4001 Wilkens ave						
	20. BURIAL CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY OR BUTIAL 3-17-56 St. Paul's		(State)					
	FINERAL DIRECTOR'S SIGNATURE ADDRESS AVE.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE JAN X. 11					

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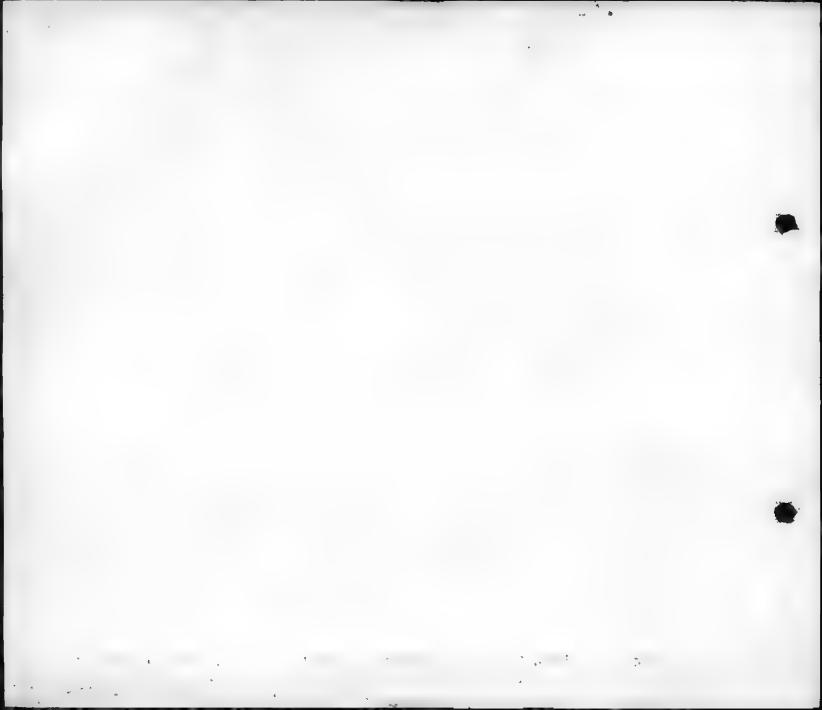
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BUREAU V. S.

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6	20	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02511	
4	. 1	Itom 2. Fil 194 3-1-6 e CERTIFICATE OF DEATH Reg. Dist. No.	r.
1	carefully legibly.	COUNTY Ballings MARYLAND STATE Manufa COUNTY Ballings	=
		CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN HOSPITAL OR INSTITUTION OR INSTITUTION OR ADDRESS 1279 VETTON LANGE UP ADDRESS 1279 VETTON	n)
X	information clearly and	STREET ADDRESS Rolf Nursing Home Essen & ADDRESS 4219 Vermont Average Roll	
		3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) Thomas Bruce Baldwin. DEATH: Mar. 8 1956	
	ite	male Specify: married. Nov. 6, 1898 57 years Months Days Hours Min.	
NG	causes	OA. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life.) OR INDUSTRY: even if retired): Clerk Included for the Electric Co. Pennsylvania 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? COUNTRY? 4 5 A	ī
BINDIN	Supply te the c	Thomas. Chilon Baldwin. ainands mcDonald.	-
FOR-E	¥. ₩	15. WAS DECEASED EVER IN U.S. ARMED FORCEST (S. SOCIAL SECURITY ND YOUR NO. OF SERVICE) 16. SOCIAL SECURITY ND YOU NO. OF SERVICE WAS OF dates 2/2-05-4/97. Mrs. J. B. Baldwin Baltimane 29 hd	/
Q A	ADING IN s: please	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH	N H
RESERV	UNFAI sicians:	IMMEDIATE CAUSE (A) Artisocheratic heart desease 2 yrs	
	WITH UNFAI	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	-
WARGIN	~ 83	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	-
	PLAINLY lly import	DISEASE OR CONDITION CAUSING DEATH. 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NOW!	-
		21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	_
	P-	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	-
^	% O	22. I hereby certify that I attended the deceased from 8 Jan., 196, to .8 mm, 196, that I last saw the deceased	d
. AT	TYP	alive on 5 mm, 1956, and that death occurred at 5 M, from the causes and on the date stated above. ADDRESS DATE SIGNED ADDRESS DATE SIGNED	
- erv	≪ C	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State BURIAL MAR. 10/56 LOUDON PART BALTO, MD.	-)
å	PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 44. FUNERAL PIPECTOR ADDRESS REGISTRAR ADDRESS	V
		AU	IE.



VS A15 (4) 15M 9/55 2528

CERTIFICATE OF DEATH

Ren Dist No.

5960				Keg.	DIST. NO.	
o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		If institution Resi		
		Mary.	Land			ltimore
 b. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	atside corporate lin	nts, write RURAL o	nd give neo	irest town)
× Parkvill	е	Park	/ille		-	
d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	of Oddress)	d. STREET ADDRESS			7	IS RESIDENCE ON A FARM?
8401 Harford	Road #14	840:	l Harford	Road #1	4	YES NO TO
NAME OF DECEASED (Type or print) Mr. Samue	el Jennings	lost Bateman	4. DATE OF DEATH	Month	arch :	
S. SEX 16. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9 AG	E (In years IF UN		IF UNDER 24 HRS.
male white wood	WED DIVORCED	7/31/18	97 5	birthdoy) Month	hs Doys	Hours Min.
00 USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (Stote	or foreign country)	12		F WHAT COUNTRY
3 FATHER'S NAME		114. MOTHER'S MAIDEN N	AME .	4	4,	3.27.
SAMUEL BA	TEMAN	MARGAN	PETO	LEAR	2 V	Λ
(Yes, ng. or unknown) 3 (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17	INFORMANT	7:11	Address	184	of Heafre
7 3 100 0 - 1		7000. 00000		10 a	- C > - C	
18. CAUSE OF DEATH [Enter only one cause per PART I DEATH WAS CAUSED 8Y:	Hine Toy (0), (D), and (c).	d The serve	1 Parla	in		ET AND DEATH
IMMEDIATE CAUSE (o)	C- 001-000	7 7 6 6 6 7 6				racay
	a Jania Calo	Se- Real	(10)	a. lina	,	I-000
Conditions, if ony, which gove rise to immediate	rerous seen	vore wee	covar	recour		5 0/2/01
couse (o), storing the under- lying couse lost.	Eleal Deseas	e = Hypert	eusia	ù		1953
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN	PART 1(a) 1	PERFORMED?
						YES NO H
200. ACCIDENT WAS UNDERLYING (1) 20b. DE OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	ort I or Port II of i	lem 18.)		
Hour a. r., Whi		ACE OF INJURY (Home, farm, ictory, street, office bldg., etc.)	20f. (City or tow	n)	(County)	(Stote)
21. I certify that I attended the deced	sed from 5 - C C	+ 1253 to / C	7-117ar	10 5 Chat	Llost so	w the deceased
alive on 19-M4+ 19	and a	accurred at 10,30 []	M, from the			
ACTUAL SIGNATURE OFERS LOTUS	dunks	MD. 27467	COPRESS (Street, ci	Weda	Bal	46 -18-11
PHYSICIAN'S E /2 as. [U	14 Edmor	ds M.D		/	19-1	Mar-19.
Pro. BURIAL CREMATION, 276. DATE THEREOF BURIAL (Specify) BUNK (AC) 3/22/56	22c. NAME OF CEMETERY O	OR CREMATORY PARK	22d. LOCATION (C	ity, town, or count))))	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, REC'D	BY REGISTRAR	24b. REGISTRAR'S	SIGNATUR	E
Leonard J. Ruck, 5305 Ha	erford Road #14	DATE	1 -	h.		
						. ,

TANK

ngo: n

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S'A MANUE

35 . . .



PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (HOME) OF DECEASED

02515

2531 CERTIFICATE OF DEATH

Reg. Dist. No.

COUNTY Baltimore	MARYLAND	STATE Md.	COUNTY	Baltimore
CITY (If outside corporete limits, write RURAL OR and give nearest town) TOWN CALCINSVILLE	LENGTH OF STAY (in this place)	CITY (If outside corpo	rata limits, writa RURAL and gl	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1002 N. Rolling	Rd.	STREET ADDRESS 1002	(If rural give loc	
DESCRIPTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AD	` *	(Last) JAMIN	4. DATE (Month) OF Maj	(Day) (Year) r. 31, 19 56
S. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV White (Specify) Wil	/ORCED	BIRTH 1862		UNDER 1 YEAR IF UNDER 24 HRS. This Days Hours Min.
dona during most of working life, even if OR	D OF BUSINESS 1'	Penna •	an country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	·	14. MOTHER'S MAIDEN	AME	
Samuel Swope		Susanna Bo	/er	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yas, no, or unk.) (If Yas, give wer or dates of service)	SOCIAL SECURITY NO.	Mrs. Wm. A	DDRESS Milby-3614 P	Hillsdale Rd.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18, MEDICAL CERT	IFICATION		INTERVAL BETWEEN CONSET AND DEATH
1 IMMEDIATE CAUSE (A) My	ocarditas			Judituite.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	teriorderos	N .		Indefente
12 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	in puemen	ua me	ita ago	7
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, of the contribution of the co	a, ferm, fectory, 25 offica bldg., atc.)	c. WHERE DID INJURY OCCU	? (City or lown)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. While the street was at warming to the street with the street was at warming to the street warming to the street was at warming to the street warming to the street was at warming to the street was at warming to the street warming to the	la per Not while per	IF. HOW DID INJURY OCCU	37	
22. I hereby certify that I attended the deceralive on Made 3(., 19.5 (c, and BISNATURE)	that death occurred at	5.10 PM, from the c		stated above.
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 23. BURIAL, CREMATION, REMOVAL (SPECIFY)	M.D MAME OF CEMETERY OR C	REMATORY	LOCATION (City, town, or	county) (State)
Burial 4/3/56	Evergreen C	e n •	Gettysbu	rg. Penna.
DATE APR 3 1956 REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE CASPATIA	1- Balto 17 M.O



DEPUTY

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lus.

MARYLAND STATE DEPARTMENT OF HEALTH

2532

2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

~		
Ì	I. PLACE OF DEATH K	2. USUAL RESIDENCE (HOME) OF DECEASED.
ı	PAL/MURCH MARYLAND	MARYLAND
۱	OR give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
1	TOWN CARNEY 7/973	TOWN LARNEY
	HOSPITAL OR INSTITUTION OR STREET ADDRESS 9407 HARTORD Rd	STREET ADDRESS 9907 HAZTORD Rd
ı	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
ı	(Typo or Print) Charles #	LLINGSLEY DEATH MARIL 1956
	6. COLOR OR RACE 7. SHAPPED, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. RPRIL 5, 1884 7 yrs. Months Days Hours Min.
J	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
4	done during most of working life, even if retired) INDUSTRY # C. M. C.	MARY LAND COUNTRY?
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	JAMES BILLINGSLEY	VIRGINIA HUMRY
1	THE SITE OF THE PARTY THE TAX TO A MARKET TOWNSHIPS I SEE COMMAN CONCERNMENT NO.	17. INFORMANT
4	(Yes, no, of unknown) (If yes, give war or dates of 3/6-/6-/6-7615	Letwood Billingshey 9907 HARTORY Rd
	18. MEDICAL CE	
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND/DEATH
	4201	(serraque / botombosis / luts -
	Immediate cause (a)	
	4-4	Tiku William Care
	Antecedent cause(s) Diseases or conditions, if any, (b)	arteropeleroses.
	giving rise to the above cause	V XV V STREET TO THE THREE TREE T
1	stating the underlying cause last	
	(c) II. OTHER SIGNIFICANT CONDITIONS	
	Conditions contributing to the death but not related to the disease or condition causing death.	
1	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
1		Yes No Z
	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
ı	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
	INJURY m. Work At work	TT M
	22. I hereby certify that I attended the deceased from.	1954, to the deceased
	alive on May 10 19 56, and that death occurred at	m., from the causes and on the date stated above.
	(SIGNATURE / (Degree or title)	ADDRESS DATE SIGNED
	= 2 f bank 1- Xusik, v , no	, ECU 7, 11, with \$ 3/17,56
	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	
	RESIDVAIS (Specify) Black In 1856 1 ARK)	
	DATE RECOD BY LOCAL RECISTBAR'S ALGNATURE	24. FUNERAL DIRECTOR ADDRESS
	REG 3/21/56 (1-14. Hacau	Chas F. Evans & Son 8802 Harford Rd.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN REMEMVED FOR BINDING

S'A ONTENIA OBACEDE

VS A15 (4) 15M 9/5S [e

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,
25	33 c	ERTIFICATE	OF	DEATH

02518 Reg. Dist. No.

18

1.	PLACE OF DEATH o. COUNTY Baltimore	Rosewood S	State	Tr. Schoo	LAND	2. USUAL RESI a. STATE	DENCE (Who	ere decesse		institutio OUNTY	nı Residence	before o	dmission)
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If or	utside corpo	prote limits,	write RI	JRAL and giv	e nearest	town)
1 3	RURAL and give ne	ills, Md.		l yr.		Wast	ingto	n 23.	D.C.		** *		
		AL (If not in hospital, g	ive street	oddress)		d. STREET /	ADDRESS	-			-	e. IS	RESIDENCE
1	Pose rocd	State Traf	ning	School		4627	Newe:	11 Lai	ne. S.	E.			S NO V
3.	NAME OF DECEASED	Fir	rl el	Middle	,	Los	st	4. DATE		Mont	'n	Day	Yeor
	(Type or print)	Harvey		Russe	11	Binga	man	OF DEATH		Man	ch	31.	19 56
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 📆	B. DATE OF BIRT			9. AGE (In	yeors		YEAR IF L	JNDER 24 HRS.
	Male	Shite	WIDOWI	ED DIVORCE	0 🗆	3/28/4	9		fost birt	maoy) yrs.	Months D	ays Ho	ours Min
100	USUAL OCCUPATIO	N (G ve kind of work o	fone 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPI	LACE (State o	or foreign o	ountry)		12. CITIZ	EN OF W	HAT COUNTRY?
	Soming most of work	mg me, even it remited				P	ennsvi	lvania	9			U.S	
13.	FATHER'S NAME					14. MOTHER'S						0 110	
	Harvey	Fussell E	irga	ran			Lois F	Slizal	beth (3787	ier		
1Ş.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17, I	NFORMANT				Addr			
	no	yes, governor or opins or o	TVICE)			Rosewo	od Rec	cords					
F	18. CAUSE OF DEAT	TH [Enter only one co	use per lic	ne for (a), (b), and (c)	.]								AL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	01-	ronic Aspi	rati	on Pneur	ronia	(both	side	a)		ONSET	AND DEATH
		DUE TO							<u> praco</u>	}-6,d			
	Conditions, if an	y, which) 16	Sn	natic Quad	hrinl	eois							
	gove rise to im cosse (a), stating t	rmediote (A		2 - 1 - 2 / 3								
	lying cause lost.	ne under-											
Z	PART III. OTH	ER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITI	ON GIV	EN IN PART 1	(o) 19 V	VAS AUTOPSY
18													ERFORMED?
CERTIFICATION	20g. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature o	of injury in P	art I or Par	t II of item	18.)			
	20c. TIME OF INJURY		204 10	NJURY OCCURRED	20- 81	ACE OF INJURY (******	I not sets					
MEDICAL	Hour s. m.	19	While	Not white		ctory, street, offic			or lown)		(Co	enly)	(State)
	21. I certify the	at I attended the	deceas	ed from Mari	ch 3	• , 19 <u>. 55</u>	to_N	larch	31,	2 56	.that I la	st saw	the deceased
	alive anMa	rch 31	19	56 and that	death	occurred at	10:00F	M. fron	n the ca	uses a	nd an the	date s	tated above
		7 0	0	j. 1		,		DORESS (S				-	DATE SIGNED
	ACTUAL SIGNATURE	alos 1	<	Luala		м.D	9.20	N	1	Cert	leers		1./2/56
	PHYSICIAN'S NAME (Type) CO	rlos E. Ar	raba	'1. D.		2920	N. Ca	lvert	st.	Ba	l+imor	e 18.	. Y1.
220	REMOVAL (Specify)	1. 226. DATE THEREO	F 50	MLT /	ETERY O				tous				(State)
23	FUNERAL DIRECTOR'S	SIGNATURE	0	ADDRESS			24a. REC'D	BY REGIST	RAR 248	REGIS	TRAR'S SIGN	ATURE	· [·
	I Elin	1. Auns	Ku	esterator	ese		DATE 4	1-3-5	The last	(1) 0	_ 24	3 %	Liwis.
T										1	\		

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BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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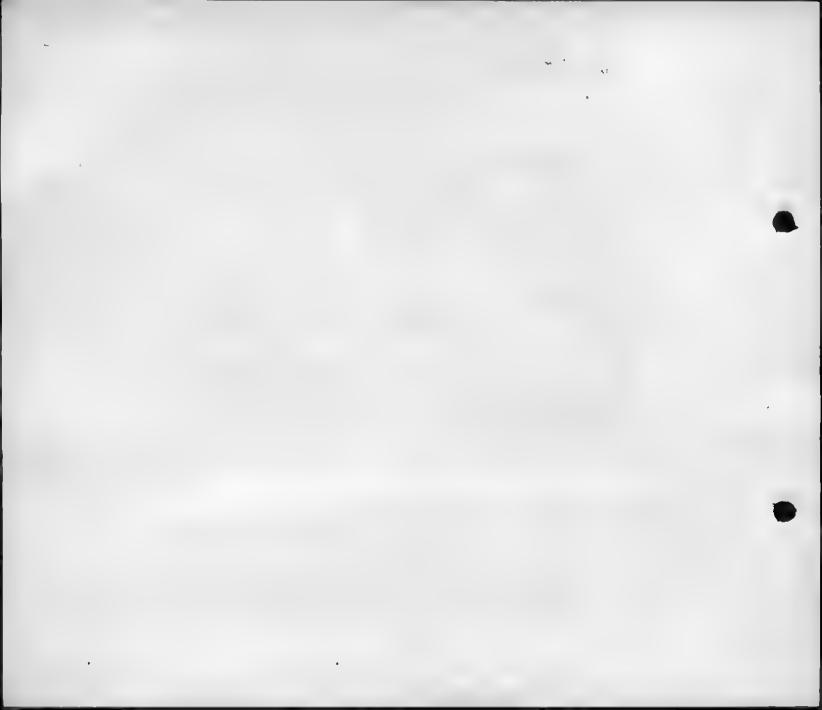
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2535

Reg. Dist. No.

02520

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY Balto. MARYLAND	STATE Md. COUNTY				
OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAYOR and give nearest town)	CITYII outside corporate limits, write RURAL and give nearest town)				
Town Catonsville	Town Baltimore				
HOSPITAL OR Shady Nook Nursing Home	STREET (If rural give location) ADDRESS				
STREET ADDRESS, 1002 N. Rolling Rd.	4105 Liberty Heights Ave.				
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)				
DECEASED: (Type or Print) MARY AGNES BLOMGRU	EN DEATH Mar. 8, 19.56				
5. SEX: 6 COLOR OR 7. SINGLE, MARRIED. 8 DATE	7, 1893 9. AGE last birthday Funder YEAR Funder 24 Has.				
10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT				
even if retired): Housewife at home	W. Va.				
13 FATHER'S NAME.	14. MOTHER'S MAIDEN NAME:				
Timothy O'Flaherty	Bridget Quinlan				
18. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS.				
(Yes, no, or unk.) (If Yes, give war or dates 218-28-3193	Mr. George McManus, Jr-10 Light St.				
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION INTERVAL BETWEEN ONGET AND DEATH				
B					
'IMMEDIATE CAUSE (A) Larcunor	is - oneumous				
ANTECEDENT CAUSE (S)	1 man and a second				
DISEASES OR CONDITIONS, IF ANY, (B)	20 - Freedrick				
STATING UNDERLYING CAUSE LAST.					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?					
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work					
22. I hereby certify that I attended the deceased from 19, to 3/9, to 3/9, that I last saw the deceased					
alive on 3/7, 1956, and that death occurred at 3 M, from the causes and on the date stated above.					
M.D. 111 x f. sul At - 319/46.					
REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION (City, town, or county) (State)				
Burial 3/10/56 Woodlawn Cem. Woodlawn, Md.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS					



CERTIFICATE OF DEATH 2536

⊳ ₂	7000			
Supply mvery item of information cerefully to the causes of death clearly and legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
	COUNTY Balto. MARYLAND	STATE Md. COUNTY		
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)		
mud mnd	OR and give pearest town (in this place) Catonsville	TOWN Bal to.		
ely .	HOSPITAL OR	STREET (If rural give location)		
infommat clearly	STREET ADDRESS 16 Fusting Ave.	1218 E. North Ave.		
d∎ath c		(Last) 4. DATE (Month) (Day) (Year) OF Mar. 5, 19		
m _p	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.		
II II	female white (Specify) Widowed Sept.	20. 1889 66 yrs. Months Days Hours Min.		
caus		11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT		
ang/	work done during most of working life. OR INDUSTRY: even if retired td. Post Office	Md.		
e c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
the	Yaha Marinah	Catherine towns a Constant		
44-4	John McHugh 10. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Catherine Agnes Coffay		
	(Yes, no, or unk.) (If Yes, give war or dates			
	no of service)	Miss Elizabeth G. McHugh-1218 E. North Av		
UNFADING sicians: pleas	IS. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN ONSET AND DEATH		
A	IMMEDIATE CAUSE (A) Attor	law tre HT 1)1 Secre 1 your		
TH UNFAL	ANTECEDENT CAUSE (S)	law tri Ht Di sevre 1 your 15 Mellity 10 years.		
2.1	DISEASES OR CONDITIONS, IF ANY. (B) Di Wet	5 Mellity 10 year.		
H de	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.			
i 1	(c)			
, E	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
dimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
ZE	19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
O. I		YES NO		
WRITE PLAINLY especially cimport	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?		
RI	2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?		
	OF INJURY M. While at work at work			
ပ် ရွှ	22. I hereby certify that I attended the deceased from 9, 1956, to .3,5, 1956, that I last saw the deceased			
PLEASE TYPE OR correct age is		To M. from the course on law the late state of the late of the lat		
SE TYI		ADDRESS DATE SIGNED D. 2566 Enter R Buck /) had		
CO		ERY OR CREMATORY LOCATION (City, town, or county) (State)		
EA	Burial 3/7/56 New Cathed			
PI	DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE	ADDRESS ADDRESS		

MARGIN RESERVED FOR BINDING

A15 -- 10 - 53 NS.



M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Por Diet No.

I. PLACE OF DEATH: COUNTY TABLESSEE (HOME) OF DECEASED: STATE OCCUPTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and type nearest town) OR and type nearest town) TOWN HOSPITANOR INSTITUTION OR STREET ADDRESS ANAME OF DECEASED: (Type or Print) LOUNTY TOWN MORE THE TABLESS II. SITHER ADDRESS III. BIRTHPLACE (State or foreign country): 10. USUAL OCCUPATION (Give kind of working life, week done during knowl of working life, were done during knowl of working life, were foreign country): 13. FATIER'S NAME: 14. MOTER'S MIDEN NAME: 15. WAS PICEASED EVE IN U.S. AMMED FORCES I. SOCIAL SECURITY NO.: 16. WAS PICEASED EVE IN U.S. AMMED FORCES I. SOCIAL SECURITY NO.: 17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: MIDIONITY MIDIONITY TOWN 18. MEDICAL CERTIFICATION 19. LEADING TO DEATH: ONE TOWN STREET ADDRESS (If round, give location) ANAME (Middle) (ILSE) (ILSE) (ILSE) (ILSE) (ILSE) (IT CHECK NO. IN THE WORK 24 HIS MORE STAY OF THE WORK 24 HIS MORE 24
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and five nearest town) OR and f
OR and fipe nearest town) TOWN MALL NOTE THAT OR STREET ADDRESS NAME OF DECEASED: (Type or Print) RACE: TWINDLE AND REED RACE: TWINDLE AND REED (Specific Address) Town Marked
HOSPITATION OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED: (Figs) (Middle) (Last) (A DATE (Month) (Day) (Year) OF DECEASED: (Type or Print) (Middle) (Sec. Print) (Middle) (Sec. Print) (Middle) (Sec. Print) (Type or Print) (Middle) (Sec. Print) (Sec. P
STREET ADDRESS 3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day) (Year) (Type or Print) (Middle) (Deceased) (Type or Print) (Middle) (See See See See See See See See See Se
DECEASED: (Type or Print) fulling former. 5. SEX: 5. COLOR OR RACE: WIDOWED, DIVERCED, S. DATE OF BIRTH: WIDOWED, DIVERCED, S. DATE OF BIRTH: WIDOWED, DIVERCED, S. DATE OF BIRTH: 10a. USUAL OCCUPATION (Give kind of the second street of th
5. SEX: 6. COLOR OR RACE: Wildowed, Diversity
10a. USUAL OCCUPATION (Give kind of work done during most of, working life, even directly leading the latest of work done during most of, working life, even directly leading to the death but not 13. FATILER'S NAME: 14. MOTHER'S MIDEN NAME; 14. MOTHER'S MIDEN NAME; 15. Was DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) 17. O1. 2887 A. Clauson Baron (address as well) 15. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 16. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 18. MEDICAL CERTIFICATION Antecedent cause(S) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (a) 000 II. OTHER SIGNIFICANT CONDITIONS: (b) 000 Conditions contributing to the death but not 000 III. OTHER SIGNIFICANT CONDITIONS: (conditions contributing to the death but not 000 OTHER SIGNIFICANT CONDITIONS: (conditions contributing to the death but not 000 OTHER SIGNIFICANT CONDITIONS: (conditions contributing to the death but not 000 OTHER SIGNIFICANT CONDITIONS: (conditions contributing to the death but not 000 OTHER SIGNIFICANT CONDITIONS: (conditions contributing to the death but not 000 OTHER SIGNIFICANT CONDITIONS: (conditions contributing to the death but not 000 OTHER SIGNIFICANT CONDITIONS: (conditions contributing to the death but not 000 OTHER SIGNIFICANT CONDITIONS: (conditions contributing to the death but not 000 OTHER SIGNIFICANT CONDITIONS: (conditions contributing to the death but not 000 OTHER SIGNIFICANT CONDITIONS: (conditions contributing to the death but not 000 OTHER SIGNIFICANT CONDITIONS: (conditions contributing to the death but not 000 OTHER SIGNIFICANT CONDITIONS: (conditions contributing to the death but not 000 OTHER SIGNIFICANT CONDITIONS 000 OTHER SIGNIFICANT CONDITIONS 000 OTHER SIGNIFICANT CONDITIONS 000 OTHER SIGNIFICANT CONDITIONS 000 OTHER SIGNIFI
work done during most of, working life, neurolated through the country of the cou
15. Was Deceased Ever In U.S. Armed Forces 7 [16. Social Security No.: 17. Informant & address: (Yes, no, or unk.) (If Yes, give war or dates of 2/7. 01. 2887 A. Clayfon Baron (address at at ##). 18. Medical Certification 18. Medical Certification 19. Diseases or conditions directly Leading to death: 19. Diseases or conditions, if any, giving rise to the above cause stating underlying cause iast 19. Due to 20. Due to 21. Due to 22. Due to 23. Due to 24. Clayfon Baron (address at at ##). 25. Due to 26. Due to 27. Due to 28. Due to 28. Due to 29. Due to 29. Due to 20. Due to 21. Due to 22. Due to 23. Due to 24. Due to 25. Due to 26. Due to 26. Due to 27. Due to 28. Due to 28. Due to 29. Due to 29. Due to 29. Due to 20. D
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (a) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (a) DUE TO OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (a) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (a) DUE TO OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not
Is. MEDICAL CERTIFICATION Is. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (a) JULIAN Ademo Cavinoma (b) Due to Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE to II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (a)
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause iast II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (a) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (a) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not
giving rise to the above cause DUE TO stating underlying cause last (a) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not
Conditions contributing to the death but not
Conditions contributing to the death but not
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY?
Yes □ Now
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. Work at work August
22. I hereby certify that I attended the deceased from Alfri., 19.3.3, to 19.3.4, 19.3.6, that I last saw the deceased
olive on
Knie n. Mollie, m. W. 6008 North V +. Rel Batto 14. Md 3/14/56
25 BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION/(City, lown, or county) (State)
William 1100/6/1/6 (Dellar // Impras) Mais 11/4
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

2222



2538
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

 $02523_{\rm Reg.\ Dist.}$

	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 35			
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
	COUNTY Baltimore MARYLAND	STATE Michigan COUNTY Wayne	Les .			
	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Reisterstown CITY (If outside corporate limits, write RURAL (in this place) CITY (If outside corporate limits, write RURAL (in this place) CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and OR Detroit	give nearest town)			
7	HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Rd.	STREET (II rural, give location) ADDRESS 13129 Menbota Street	t ,			
	3. NAME OF (First) (Middle) DECEASED: (Type or Print) Karl H. Broker	(Last) 4. DATE (Month) (Day) OF DEATH March 18				
1	Male White Specify Divorced Sept	OF BIRTH: 9. AGE last birthday: IF UNDER I YES OF STREET	ys Hours Min.			
	work done during most of work life, even if retired): Insurance or of the control	R 11. BIRTHPLACE (State or foreign country): 12. Rome, N.Y.	COUNTRY!			
13. FATHER'S NAME: Frank Broker 16. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of NO service) 16. Social Security No.: 17. Informant & Address: 1721 Seymour Mrs. Wilson D. Feistal Utica, 3 N.Y.						
					IS. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ON	
	Immediate cause (a) Coronary Occlusi	.on	10 min			
	Antecedent cause(s) Diseases or conditions, if any, (b) Diabetes giving rise to the above cause DUE TO stating underlying cause last (c)] Wk.?.			
-	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	1e				
37	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: none none		20. AUTOPSY? Yes NO			
	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office hiden etc., CAUSE OF DEATH.	none	(State)			
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work Injury none M. While at work Injury none						
ı	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection X , Inquiry [], as find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause [] SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. [] 3-19-56					
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (St. Burial (Specify): Mar.21,1956 Rome Cemetery Rome, N.Y.						
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	J.F.Eline & Sons, Reisterst	ewn, Md.			

WRITE PLAINLY, WITH age is especially important. A15A - 5 - 53 PLEASE



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02524
ر م		2539 CERTIFICATE OF DEATH Reg. Dist. No. 30
ilea wit	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 3. COUNTY B. COUN
The state of		b. CITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) ATINSVILLE C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
ond 2 the		d. NAME OF HOSPITAL (If not it troppin), give street address? ON A FARM? OR INSTITUTION OF THE PROPERTY OF THE PROPERTY OF A FARM? OF 1.5 CHA FRANCE ROACE ON A FARM? YES NO
filled i		NAME OF DOECEASED Lost 4. DATE OF DEATH AND DOY YEAR TO SEE TO MARKED THEY MARKED TO B. DATE OF BIRTH 19. AGE (IT YEAR) IF UNDER 1 YEAR IF UNDER 24 HRS
n est. Po		Male Athit WIDOWED DIVORCED Qua 16, 1891 (astolithday) Months Days Hours Min.
n and com rbon papers.	\mathbb{L}_{2}	USUAL OCCUPATION (Give kind of work dage 10b. KIND OF BUSINESS OR INDUSTRY 11/BIFTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY) WALL STATES MATTER NAME 14. MOTHER'S MATTER NAME
physician a	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address Address
nding plant central hin 72 h	Ye	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] [Interval between [Interval
the offer Then plo		PART I. DEATH WAS CAUSED BY: CEREBRAL Thrombres ONSET AND DEATH 2 or 3 clays 44 2 X DUE TO d
ned by permit.		Conditions, if any, which gove rise to immediate couse (o), storing the under DUE TO Carlai rescular renal disease
Asician. Seen significantly and in	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED?
fing phy of hos le burial-le remove	CERTIFICAT	20a. ACCIDENT WAS UNDERLYING DON'T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
Certific	MEDICAL CE	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. p. 20f. (City or town) (State) (State)
After hosping After hed for rial, creating	>	21. I certify that I attended the deceased from a Jan, 1951, to 28 Mar, 1956 that I last saw the deceased
d by the RECTOR: be detocion to but		actual Signature 6 mil It I ferming of M.D. 601 W Mays Way 29 Mar St
RAL DIR		PHYSICIAN'S EMIL H HENNING PR 601 WINANS WAY
o now be	3	BURIAL GREMATION, 22b. DATE THEREOF / 22c. NAME OF CEMETERY OR CREMATORY) REMOVAL (Specify) LIVE STORY STO
VS A15 (4) 15M 9/55		FUNERAL DIRECTOR'S SIGNATURE ADDRESS
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DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



S. A.15 — 10 - 5

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LEAS

FORESINDING

MARGIN RESERVED

alive on ... 3-22 , 1956 , and that death occurred at 3.00PM, from the causes and on the date stated above.

57 ADDRESS Winters Landpate signed

M.D. Catonsville 28 Md 3-22-56

Burial CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

Burial 3/26/1966 Mt. Auburn Baltimore, Md.

DATE REC'D BY LOCAL REGISTRARY SIGNAUM Luffer 24 FINERAL PROPERTY HOME

REGISTRARY SIGNAUM LUffer 24 FINERAL PROPERTY HOME

1631 Druid Hill Ave.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information =refully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 192527

2541 CERTIFICATE OF DEATH

Reg. Dist. No.

ly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):						
and legibly	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Charl	•						
le	COONT	CITY(If outside corporate limits, write RURAL a	nd give nearest town)						
pu	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	OR							
	Dyramina 29	upo. Indian nes	d, Md,						
rly.	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	ν ,						
ea	STREET ADDRESS SPRING GROVE STATE HOSP.	Indian Head, Maryland	1						
			Day) (Yesr)						
Rth	DECEASED: HOVENCO M BI	UCK DEATH March 4	. 19 56						
death clearly	13,700 01.11111	OF BIRTH: 9. AGE last birthday If UNDER t							
Jo	RACE: WIDOWED, DIVORCED,	12, 1898 57 yrs. Months D							
causes	IOA USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12,	CITIZEN OF WHAT						
315			COUNTRY?						
	even if retired) housewife	Maryland	U. S. A.						
the	13. FATHER'S NAME:								
	Oliver Wanner	unknown							
wmit	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS:							
00	(Yes, no, or unk.) (If Yes, give war or dates	Records Spring Grove State Ho	anital						
88	unknown of service) unknown								
pleas	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN						
	443X Corehrowses		THE PEATE						
92	(A) Cerebrowse	mlor accident	l week						
Physicians:	ANTECEDENT CAUSE (5)								
Sic	DISEASES OR CONDITIONS, IF ANY, (B) HITTORTENSIV	re cardiovescular disease	Years						
Ъy	GIVING RISE TO THE ABOVE CAUSE DUE TO	The state of the s	3						
	STATING UNDERLYING CAUSE LAST.								
i.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
ts	TO THE DEATH BUT NOT RELATED TO THE								
0d	DISEASE OR CONDITION CAUSING DEATH.								
important.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?						
			YES NO T						
especially	21A ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, faction or contributing Cause of Death OF INJURY street, office bldg.,	tory. 21c WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)						
gb	210 TIME (Month) (Day) (Year) (Hour) 21E (NJURY OCCURRED	2 21F. HOW DID INJURY OCCUR?							
. si	OF INJURY M. While Not while at work								
	22. I hereby certify that I attended the deceased from Nov	5 10 V March of 10 St warren							
ත භ	22. I hereby certify that I attended the deceased from								
	alive on March 4 , 1956 and that death occurred at	9 M, from the causes and on the date	stated above.						
correct	SIGNATURE MODIOTAN	ADDRESS 11 DAT	E SIGNED						
T.		1. D. JANUALANGE 31	4/56						
S	23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION ICITY, LOWN, OF	county) (State)						
	2 113 3 1156 1117	Miller Collection	11111						
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS .						
	REGISTRAR 7 5	Il you. If the ode Hoter	" that out						

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A15C 1-55 10M

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NSTRUCTIONS

2542 CERTIFICATE OF DEATH

02528

			Reg. Dist	No
1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEASE	1 '
Baltones		Mr.	land Bal	T. 1.1
COUNTY COUNTY CONTROL OF COUNTY COUNT	MARYLAND LENGTH OF STAY	CITY (If outside corrors	ALLA COUNTY LA	uller
OR end gue naarest town)	(in this pines)	OR OR	te limits, write RURAL and give need	est lown)
TOWN Joce Sou	Corper.	TOWN JOU	Seu	
HOSPITAL OR INSTITUTION OR INSTITUTI	n 37 8	STREET	(If tural give location)	01
STREET ADDRESS 10 44 40 F	roud tra	ADDRESS 1841	yakoud.	rd.
3. NAME OF (Fust)	(Middle)	(Lest)	4 DATE (Month)	(Day) (Year)
(Type or Print) TOAKLUS.	the Bu	RNETTE	DEATH 3 -	11 1956
S SEX 6. COLOR OR 7. SING	GLE, MARRIED, 8. DATE O		AGE last birthday IF UNDER	
	city) MALLIGHT & -	7-1877	83 yrs. Months	Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work		11. BIRTHPLACE (State or foreign	n country) 12	CITIZEN OF WHAT
done during most of working life, even if retired Harman Muchally	ACC YU	Bristol	1emmi	4.5.A.
13. FATHERUS NAME	U IL	14. MOTHER'S MAIDEN N	AME (D)	, , , , , , , , , , , , , , , , , , , ,
Relatur Bu	Er les Ill	Sais als	N. Mille	8-1 3
IS. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT & AL	DDRESS 14/34/	Id Ke well
(Yes, no, or unk.) (If Yes, give war or datas of serv	ARCTIC.	My. B. Bu	ruette Jose	Serry 4. Mills
I DISEASES OR CONDITIONS DIRECTLY LEADING 1	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	_ Coronary Oc	clusiera		ORSEL AND DEATH
ANTECEDENT CAUSE(S) DUE TO			r -	
DISEASES OR CONDITIONS, IF ANY, (8)	Generalhand	anterio-sel	eners	
STATING UNDERLYING CAUSE LAST, DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	2			
	FINDINGS OF OPERATION			20. AUTOPSY?
				YES NO
	ACE (Home, farm, factory, 2 JRY streat, office bldg., etc.)	1c. WHERE DID INJURY OCCUR	(City or town) (Coun	(State)
		21f. HOW DID INJURY OCCUR	7	
	M. et work at work			
22. I hereby certify that I attended		and 4		
	, and that death occurred at.		uses and on the date state	d above.
SIGNATURE :	7	APDR	ESS (Street, city, town, state)	DATE BIGNED
dee M	Oligo M.D. 81	35 LOUR VUSOR	In Jou you 4. 11	W3-11-56
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	F NAME OF CEMETERY OR	CREMATORY .	COCATION (City, lows, or sounty	(State)
Durial 3-14	-26 Crowalk	1 Cemolonel	Bulstint,.	Jenn,
24. REC'D BY REGISTRAR REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR'S S	_	ADDRESS
in the state of th	V. G.	Howard H. Hub	bard 4107 Usi	kend Awa

SAM MILL



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

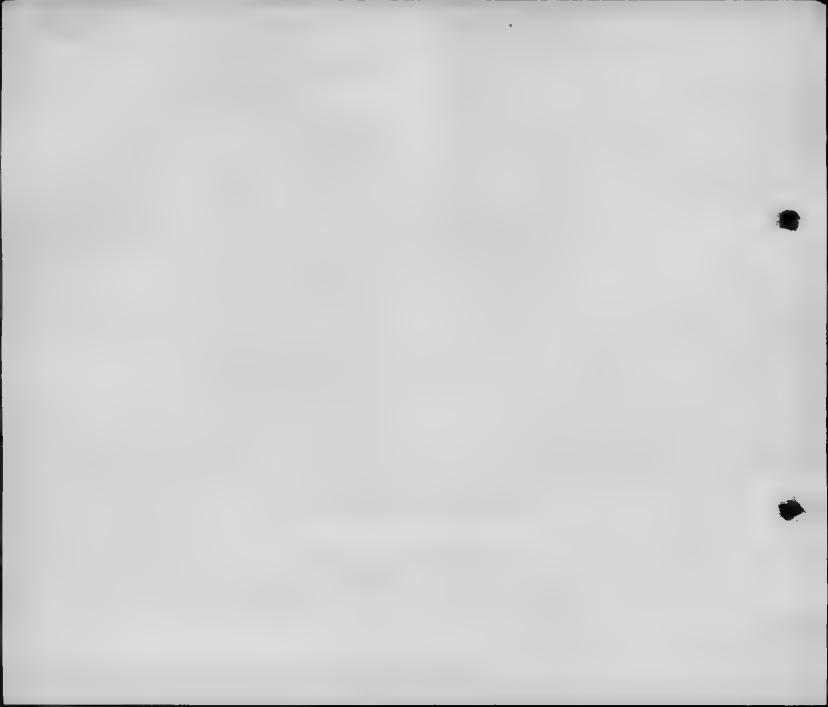
			9	4)
.U	6	u	4	J
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		CERTIFICATE		•	3.1
MEDICAL	DAAWIINDA S	CERTIFICATE	Or	DEATH	N

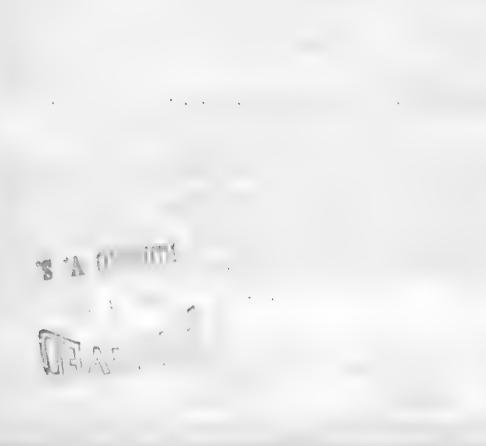
ect	MARYLAND STATE DEPARTMENT OF	MEALIN-DALIMORE, 18 Reg. Dist.	
Sort		TIFICATE OF DEATH No. /	**
Je d	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
長ら	COUNTY Jalle MARYLAND	STATE 2.727, COUNTY Deal Co.	
fully T legibly	OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest to OR TOWN Range a la trive man.	wn)
y and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Zower Rd.	STREET (If rura), give location) ADDRESS ZF2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
mation	3. NAME OF (First) (Middle) DECEASED: (Type or Print) DOROTHY	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 3 /2 19 5 (0
of information carefully feath clearly and legible	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Trismost	15,1908 47 yrs. Months Days Hours I	4 TIRS.
item of	work done during most of work life, even if retired):	Balti Md. 11. Birthplace (State or foreign country): 12. CITIZEN OF V COUNTRY?	TAIIV
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
e i	John Screpanson	mary bernach	
P. 22	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 2/8-34-133	17. INFORMANT of ADDRESS:	eda O
Suppl	IB. MEDIC	AL CERTIFICATION	
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BET	
INK. please	Immediate cause (a) Cronway	Occlusion 1/2 br	
775	Antecedent cause(s)		
ADING icians:	Diseases or conditions, if any, (h) giving rise to the above cause DUE TO	· m · · · · · · · · · · · · · · · · · ·	***
F.A.	stating underlying cause last	}	
UNFADING Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	re	
E E	19s. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPS	Y ?
WITH ortant.	From Trond.	Yes No	
LY, imp	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office hldg., etc.		
E PLAINLY especially in	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work Not while at work	211. HOW DID INJURY OCCUR?	
PL	22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy 🔲, Inspection 🕱, Inquiry 🔄	, and
EE S	-	ident [], Suicide [], Homicide [], Undetermined cause CHIEF MEDICAL EXAMINER [] DATE SIGN	
WRITE ge is es	SIGNATURE A. D. Caplus	DEPUTY MEDICAL EXAMINER 🔁 🔔 🔒	NELL
et.		M. D. ASSISTANT MEDICAL EXAM. 3-/2-	2 (
図	REMOVAL, (Specify): 31/1/2/ A/a/A/ A		_/
EA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ra/ /3a/fo. Maddres	38
PL	REG.,/	NohnT. Stansbury - 6411 Windsor Mill Rd	7.

A15A - 5 - 53 VS.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

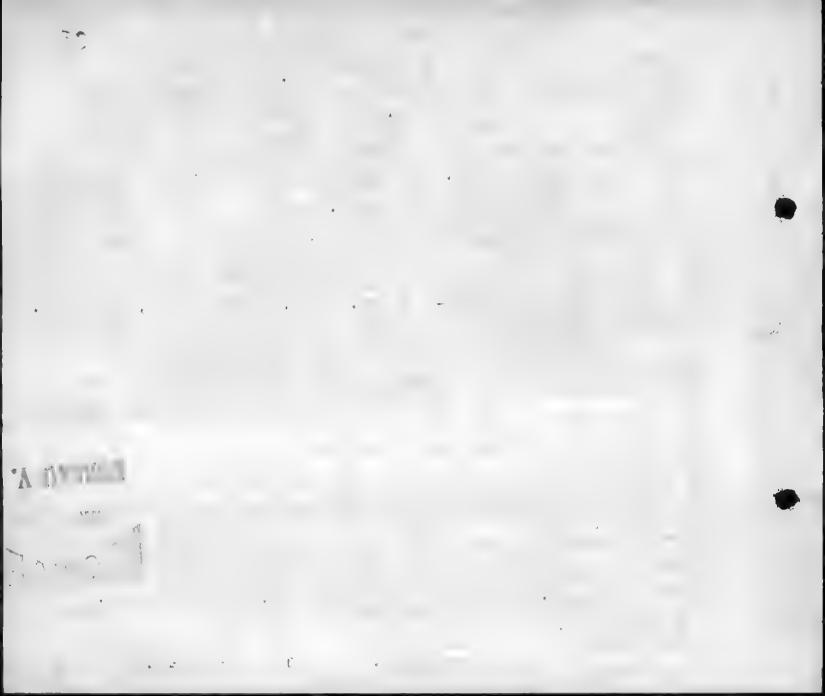


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न २८		L	PROMER	17 Ame	nev	CERTIF	ICA	E OF DEAT	Н	1	Reg. Dist. No.	40
Page directa ited wit		1	COUNTY B	altimore 2	545	MARYLA		. USUAL RESIDENCE (W		ved If institution b. COUNTY	. Residence befor Baltimo	
eral be f			CITY OR TOWN (If outside corporate limit earest town)	s, write c. l	LENGTH OF STAY IN	116	c. CITY OR TOWN (IF	oulside corporal	e limits, write RUF	RAL and give nea	rest fown)
er de bun		Z.		klinville		35 yrs.	,		inville			<u> </u>
by the			OR INSTITUTION	TAL (If not in hospital, gi	ve sireer oddr	ess)		d. STREET ADDRESS				ON A FARM?
ed in			NAME OF DECEASED	Fire		Middle		Lost	4. DATE OF	Month	Do	·
Fift Sges		5. 5	(Type or print)	Alice		B.	3	Carroll DATE OF BIRTH	DEATH	March AGE (In years		1950 IF UNDER 24 HRS
A STATE OF THE STA		3	female	1	WIDOWED [last birthday]	Months Days	Hours Min.
pers.		100	. USUAL OCCUPATI	ON (Give kind of work d	one 10b. KINE			Jan. 19. 18 Y 11. BIRTHPLACE (State		VV	12. CITIZEN O	F WHAT COUNTRY
and car	1		Practice	king life, even if retired)	1	lf Employ			d Co. M		U.S.	A.
e be carba	-1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
S : S 4 2				s Carroll				Anna E.	Gallowa			
phy semo	1	15. (Ye	, no, or unknown) 1	R IN U. S. ARMED FORG	rvice)			ORMANT	lina T	Addres		a
oth ce ding ose re in 72		H	no la CAUSE OF DE	ATH [Enter only one car	no		011.	fton M. Dow.	ting, r	el Air,		
often often with			PART I. DE/	ATH WAS CAUSED BY: , IMMEDIATE CAUSE (o)	110	Monday	1	nom bos	Story)		QNS	RVAL BETWEEN ET AND DEATH CALLED
the The			1100	DUE TO	0	A		0 0				11
s tho d by nit.			Conditions, if o		Sev	ere Se	eon	dary line	mea		u	ndet
require on. signer sit perm			gave rise ta i cause (a), stating lying cause last.		Ger	rerole	zie	Virterio	Sela	bels.	u	molet.
faw ysici beer tron		S S	PART II. OT	HER SIGNIFICANT CON	DITIONS CONT	TRIBUTING TO DEAT	BUT NO	OT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIVEN	1 IN PART 1(a) 1	P WAS AUTOPSY PERFORMED?
The ph has has		FICATION	On ACCIDENT IN	M. Indiana and A.	201 0000000					41. 10.		YES NO 12
tendin ifficate the by		CERT	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	206. DESCRIBE			Enter nature of injury in				
SIK Cert Use as		MEDICAL	20c. TIME OF INJUI Mour a. p., p. m.	RY Month, Day, Yea 17	While	Not while at work	De. PLACI factor	OF INJURY (Home, farry, street, office bldg., etc.	n, 20f. (City or c.)	town)	(County)	(Stole)
No de			21. I certify t	nat I attended the	deceased f	rom exam	une	0, 190 f Ber	death	19	that I last sa	w the deceased
No se bo			alive on					ccurred at 4.30	2.M, from t			e stated above.
de de la constant de	1		ACTUAL (20	1.1	2		1/2 5	ADDRESS ISine	I, city or lown, sty	15/1000	DATE SIGNED
or bed or	4° 1		SIGNATURE	Dhu CE	75/0	_	M.	Megu	egosu	encox	- xum	meg,
retail RAL D should			PHYSICIAN'S NAME (Type)	J.C. Hyle	0			7527_Bel_	ir Rd.	Balto.	6 Md	-776
may by Fune poge 3		220	BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO	F 220	C. NAME OF CEMET	ERY OR C	REMATORY	22d LOCATIO	N (City, town, or	county)	(State)
5 F O ST		23.	Burial FUNERAL DIRECTOR	Apr.5,195	6	Franklin .	Pres			inville.	REL TO	Md.
VS A15 (4)		7.7		Me Comas &	Son A	bingdon	Md.	DATE	D BY REGISTRAL	2 1000	10 12	month
15M 9/\$\$		1	Nº DENZAR	III - CEIRIA	= 77			I KUIK				



			AND 546	STATE DEPARTM CERTIFICA	ENT OF HEALTH		TIMORE, 1	8 Reg. Dist. N)253	32 3
	1 PLACE OF DEATH o. COUNTY Ba.	ltimore		MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Md.	era deceased	l lived If institution b. COUNTY		timo	
(4)	b CITY OR TOWN (III RURAL and give ne		ts, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	earest town)			
	OR INSTITUTION	AL (If not in hospital, g	ive street		d STREET ADDRESS Hanover	Road				FARM?
	3. NAME OF DECEASED (Type or print)	William	st	D. Cal	tzendafner	4. DATE OF DEATH	March:		-,	Yeor 19 56
79	s sex Male	6. COLOR OR RACE White	7. MARR		Sept.3,189	2	9 AGE (In years lost birthday) 63 yrs.	Months Days	_	ER 24 HRS Min.
death.	Hunter W	N (Give kind of work of the life, even if the life of UIS	till	kind of Business or Indus	IUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY USA					COUNTRY?
ofter	13. FATHER'S NAME Josh	ua Cartze	enda	fner	14. MOTHER'S MAIDEN NAME Martha Ogle					
72 hour	is was deceased ever in u. s armed forces? 16. social security no. 17. informant Address (for the property of the property o									
any event within		TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO	- Can	ne for (o), (b), and (c).]	deman			lin	TERVAL BE	TWEEN

couse (a), stoting the underlying couse lost, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED? 0 YES NO [1] 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f (City or town) (County) (Stote) While Not while of work Hour a. p. p. m. 21. I certify that I attended the deceased from Alagizat 12.3., 19.5 (e, that I last saw the deceased The and that death occurred at 3/00AM, from the causes and an the date stated above. DATE SIGNED Martin E. Strobel 48 Main Street, Reisterstown Md. 220. BURIAL, CREMATION, 226. DATE THEREOF BENDYAL (Specify) Mar. 25, 1956 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Pipe Creek Carroll County, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR J.F. Eline & Sons Reisterstown, Md. Mary B



ADDRESS

bage 0 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

F.C. Higinbothom, Ellicott City, Md.

IS RESIDENCE ON A FARM?

YES NO

Year

19

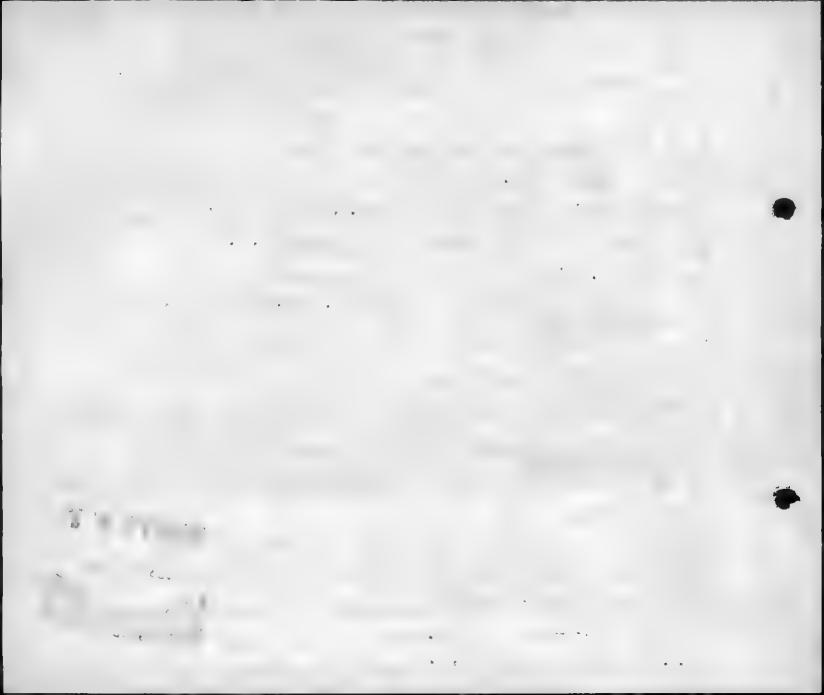
IF UNDER 1 YEAR IF UNDER 24 HRS.

Rea. Dist. No

Raltimore

Months

12 CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSEL AND DEATH PERFORMED? YES I NO DE (County) (Stote) 1956 that I lost saw the deceased M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (Stote) Ellicott City.Md 24b, REGISTRAR S SIGNATURE 240. REC'D BY REGISTRAR



VS A1S (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02534

		548	CERT	FICA	ATE OF DEATH	1		Reg. Dis	i, No.	4	4
o. COUNTY BAL	TIMORE		MAR	YLAND	2. USUAL RESIDENCE (WI O. STATE MARYL		d lived. If institution b. COUNTY	on: Residen	te before	odmissi	on)
	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL and s	ive neore	st town	
FORT HOWAR	D	10 DAYS		BALTI	4ORE			Sanglina		` \	
	AL (If not in haspital, ç	ive street			d. STREET ADDRESS				0.	IS RESI	DENCE
THE ACTION AND ADDRESS AND ADD	DMINISTRAT	ION H	OSPITAL		3601 1	Cait A	venue				FARM?
NAME OF	Fir		Middle		Losi	4. DATE	Man	rth .	Day	Y	lear
(Type or print)	RAYM	OND	PETE	ER	CELMER	OF DEATH	MARCH		17.	1	956
. SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRI	ED	8. DATE OF BIRTH	1	9. AGE (In years	IF UNDER			600
MALE	WHITE	WIDOWE	DIVORCE	ED 🔲	SEPT. 18. 19	929	lost birthday) 26 yrs.	Months	Doys	Hours	Min.
00. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stole	or fareign o	ountry)	12 CIT	ZEN OF	WHAT	COUNTRY?
	ing life, even if retired ERIS HELPE		TANDARD OF	T. CO	MARYLANI	0		Ţ	S.A		
3. FATHER'S NAME	<u> </u>				14. MOTHER'S MAIDEN I	NAME					
JESS W. C	ELMER				HELEN DI	EKOWSK	T				
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17 1	NFORMANT		Add	ress			
YES YES	PL 28		1-26-9250	CT	IN REC. VET.	ADM. HO	SP. FT. F	HOWART	. MD		
7	TH [Enter only one co					20124110		1011284		VAL BET	WEEN
	TH WAS CAUSED BY:		HEART FAIL						ONSET	MON	THS THE
	IMMEDIATE CAUSE (o	J			RIAL ENDOCARI	TTTS			-	MON'	
Conditions, if or			2022100122 1	71011	water minoceta	74, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			1	A AUST.	1110
gove rise to in	nmediote (•							+		
lying couse lost.											
	J (C	/	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INIAI DISEAS	E CONDITION GIV	/FN IN PAR	1(0) 19	WAS A	UTOPSY
2			0.01		THE THE PERSON NAMED IN COLUMN		L CONDINGIC ON	PL HALOK	``	PERFO	RMEDZ.
20g. ACCIDENT WA	S UNDERLYING []	20h DESC	TRIRE HOW INJURY O	CCLIPRE	D. (Enter nature of injury in	Part Lor Par	t II of item 18.1			E3 []	NO T
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200 5450	DRIDE HOTH HOOK!) CCO KK L	p. (2000) 100010 01 114017 11.						
20c. TIME OF INJURY		ne 20-i II	WURY OCCURRED	20e PL	ACE OF INJURY (Home, farm	20E (Cib	r or town)	•	·		(Stole)
Hour o. m.	19	While	Not white		ctory, street, office bldg., etc		or town,	10	ounty)		fatorel
p. m.		at worl	<u> </u>		=/						
	atVIAattended the				19 56, ta M.						
ation cocco	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	yoto	CCCCCC and that	t death	occurred at 11:11				e date		
1	P- 2	V.	>	-	***** *****	ADDRESS (S	treet, city or town,	stote)			TE SIGNED
SIGNATURE A	uum h.	1-alit	tte ! !-	has.	M.D. VAH, FORT	HOWAR	D, MARXIA	תעה		3	18-56
PHYSICIAN'S W.	illiam M. 1	avet	te, M.D.								
20. BURIAL, CREMAT, O	N, 226. DATE THEREC)F	22c. NAME OF CEN	ETERY O	R CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stote)
REMOVAL (Specify) BURIAL	IMAR 2	0 51	SACRED HE	CART	OF JESUS CEN	BALT	IMORE COL	JNTY.	MARY	LAN	0
BONELAL DIRECTOR	S SIGNATURE DA	len	. IDONESS			D BY MEGIST		STRAR'S SIG		2	,
Charles S.			Baltimore		115 O O O	chizo	956 An	weson	120	Furs	ley
							11/11				



VS A15 (4) 15M 9/55 02535

2549 CERTIFICATE OF DEATH

Reg. Dist. No.

					KAA:	DIN. 140.				
1. PLACE OF DEATH o. COUNTY Baltimo	pre	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY							
b. CITY OR TOWN (RURAL and give n	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Catonsvi	Lie 28	lyr.	Baltimore	Baltimore						
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give street	oddress)	d. STREET ADDRESS			e IS RESIDENCE				
,	walescent Home		3412 Old Yo	rk Road		YES NO				
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year				
(Type or print)	Elsie	Be11	Christie	OF DEATH	March	11 19 56				
5. SEX	6. COLOR OR RACE 7. MARE	HED NEVER MARRIED	B DATE OF BIRTH	9. AG		ER I YEAR IF UNDER 24 HPS.				
Female	White wow		Oct. 21. 18	77 78	birthdoy) Months 3 yrs.	Days Hours Min				
10a. USUAL OCCUPATE	ON (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. (CITIZEN OF WHAT COUNTRY?				
at home	, , , , , , , , , , , , , , , , , , , ,		Maryland		τ	J.S.A.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME						
James Ch	ristie		Caroline C	lay Ware						
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address Ro	Ito. 29.Md.				
no	In last the man or prim of paracell	none Mr	s. G.Russell	Thomas.						
18. CAUSE OF DE	ATH [Enter only one cause per li	ne for (o), (b), and (c).]	. 1			INTERVAL BETWEEN				
PART I. DEA		ONSET AND DEATH								
4321	IMMEDIATE CAUSE (a)		0			1				
Conditions, if a	onv. which)	vere Comm	Insulferm	- -,		104				
gove rise to i	immediate (/ / /		/						
tying couse lost	the under (c) la	when Attend	eleste C-V	1-0						
PART II. OT	HER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN P	ART I(o) 19. WAS AUTOPSY PERFORMED?				
PART II. OT						YES NO TO				
O THE EITHER, NOTIFY	200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)									
3 20c. TIME OF INJUI	RY Month, Day, Year 20d. If		ACE OF INJURY (Home, form		ve)	(County) (State)				
20c. TIME OF INJUI	19 While at work	1401 4011116	ictory, street, office bldg., etc	-}		. ,				
	hat Lattended the deceas	57 / .	1957 to	2/11	195% that	I last saw the deceased				
alive on	3/11 19	JZ , and that death	accurred at 5	PM from the		the date stated above.				
		7		ADDRESS (Street, c		DATE SIGNED				
ACTUAL	into of?	Ling	M.D. 215 7	-link	Rel	#28 3/1N				
PHYSICIAN'S NAME (Type)	Dr. Victor F. K	ing		~~~~~						
220. BURIAL, CREMATIC REMOVAL Specify	DN, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			City, town, or county	, , , , , , , , , , , , , , , , , , , ,				
23. FUNERAL DIRECTOR	Mar. 13, 19			Baltimor		<u>Mary Land</u>				
G_Russell	Thomas, 4204 Le	eds Avenue, Ba	1to.29, 1249 REC	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE				
G # I (A C C C C C C C C C C C C C C C C C C			Md. A DATE,	<u> </u>	1 11.6 de	every				
						A 17				

Carrier & Marine

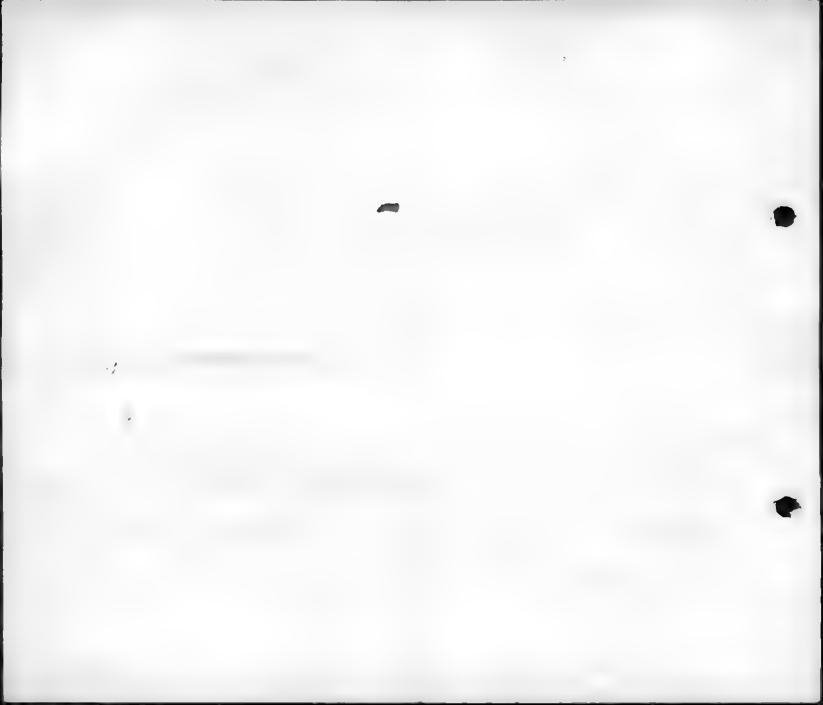
VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02536

//Pb	- Care 1	-2-00	in company of the	and the second	70	Ser NE		
"		n	CITATO	ANTEND	APA	TITLE OF	DEATH	
		2 1	1 11 15		1 43	1 1 1 1 1 1		

Reg. Dist. No.

5	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:				
alla tegan	COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY (In this place) TOWN MARYLAND LENGTH OF STAY (In this place)	STATE M. COUNTY 3. COUNTY CITY(If outside corporate limits, write RURAL BOR TOWN CHAL BOX 355A	al to. nd give nearest town) Route 18:				
21201	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS folds farm If It					
cauli	OECEASED: (Type or Print) Olivin a. (Untto)	chick DEATH: 3-	(Year) 6 19 5 6				
70 8	mak 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, ASpecify with May.	J - 1399 56 - 177// yrs 7	ays Hours Min.				
Cause	work done during most of working life, even if retired a men	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY				
2 2	13. FATHER'S NAME:	matilda mullo					
Se Write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Céffie Ceatherbrucke (N' fe)	above				
3	18. MEDICAL CERTIFICAT	TION 6	INTERVAL BETWEEN				
<u>.</u>	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATH				
	m 3x		000				
2	IMMEDIATE CAUSE (A) / assul hlmoplysis						
181	ANTECEDENT CAUSE (8)	2 2	11				
2	DISEASES OR CONDITIONS, IF ANY, (B) Fur So	evanne Jumonom	the years				
E 313	STATING UNDERLYING CAUSE LAST. DUE TO	rentorio	at less.				
<u> </u>	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
3	TO THE DEATH BUT NOT RELATED TO THE						
5	DISEASE OR CONDITION CAUSING DEATH.						
∄	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?				
0			YES NO Z				
eciali	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER)		(State)				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work							
0.0	22. I hereby certify that I attended the deceased from July	13, 1953, to 156., 1956 that I last	saw the deceased				
CT S	alive on July. 15, 1956, and that death occurred at SIGNATURE		stated above. re signed ,				
116	Alsoix Chieno	1. D. Spanows from Mel.	3/6/51				
ပ္	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	1 16				
	9,00						
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No 2. USUAL RESIDENCE AWhere deceased lived. If institution: Residence before admission) PLACE OF DEATH Raltimore o. COUNTY g. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY QR TOWN (If putside corporate limits, write RURAL and give nearest town) ond grundtbrinkville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Timothy Lane e, 15 RESIDENCE prior St. Timothy Lane OM 4 FARM? YES T NO 3. NAME OF Middle 4. DATE Lost Month Day DECEASED OF DEATH COMM (Type or print) MATLITAM COATES March 21. 1956 5. SEX 8. COLOR OF RACE 17. MARRIED TT NEVER MARRIED TI B. DATE OF BIRTH 9. AGE (In ye r) IF LNDER TYEAR IF UNDER 24 HRS. Months Min. Davs Hours WIDOWED | DIVORCED [81 white 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign oc 12. CITIZEN OF WHAT COUNTRY? during most of working like, even if retired) N G%E Co foremen-transportation and 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Forsyth Pages 1, age 5 may Wm . A . Coates podes I'm . A . C 415 WAS DECEASED EVER IN U. S. ARMED FORCES? Page Mrs. Lillie E. Coates . Addrew Timothy Lane 16. SOCIAL SECURITY NO. PM3. permit. TB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: farm IMMEDIATE CAUSE (a) Coronary Thrombosis alang with facts burial-transit p 420, **DUE TO** Canditions, if any, which Cardio vascular dicesse gave rise to immediate cause **DUE TO** (a), sloting the underlying cause lost. O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19, WAS AUTOPSY 80 PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) PRIMARY I or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20o. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour While Not while of wark at work writing nief Medic DR: Page p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection M. Inquiry M., and find that to the Chief I Accident | | Suicide , Homicide , death resulted from: Natural causes [17]. Undetermined cause forwarded to the Chi ACTUAL - A F C - 44 CHIEF MEDICAL EXAMINER SIGNATUI ASSISTANT MEDICAL EXAMINER Geo. S.M.K; effer **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER March 21-1956 220. BURIAL CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slale) REMOVAL (Specify) 0 Druid Ridge Burial Pikesville. 23. FUNERAL DIRECTOR'S & CNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246. REGISTRARY SIGNATURE

VS. A15ME(5) SM 9755

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Give

of the

13

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND

CERTIFICATE OF DEATH

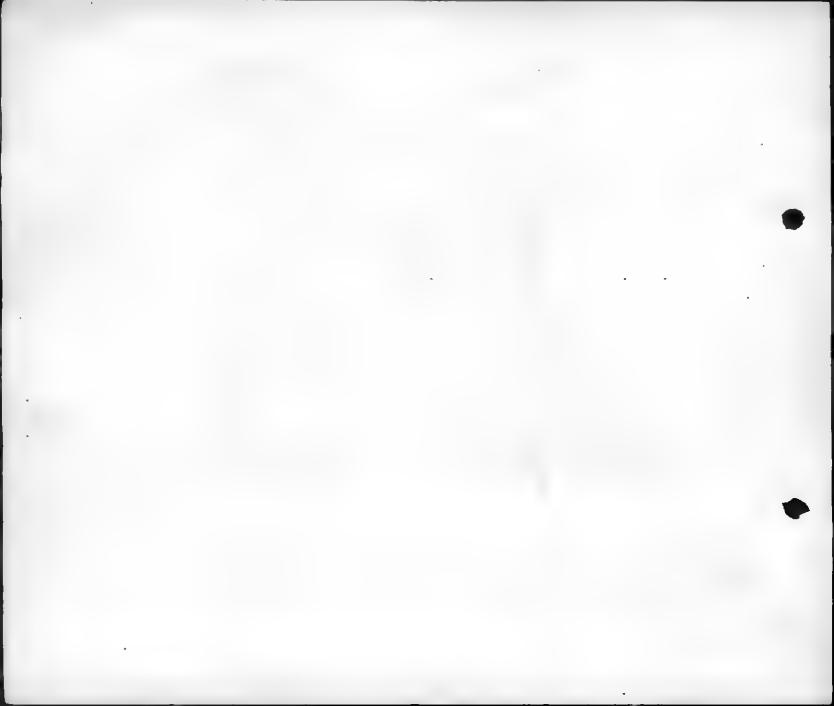
Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED. Upper Falls (If rural, give location) 4. DATE (Day) 29 DEATH 1956 9. AGE last birthday | If under 1 year | If under 24 hrs. Months. Days | Hours | Mln. 12. CITIZEN OF WHAT COUNTRY? IZABETH Upper Falls. Md. INTERVAL BETWEEN ONSET AND DEATH das. 20. AUTOPSY? (CITY OR TOWN) (COUNTY) (STATE)

MARGIN RESERVED FOR BINDING 330 Ü thi Hillman has talked

1. PLACE OF DEATH: STATE MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place) TOWN HOSPITAL OR INSTITUTION OR ADDRESS Chestnut Hill STREET ADDRESS (Middle) (Last) DECEASED ONWAL (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 5. SEX (Specify) widowed 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired)

Rtd. Mgr.

13. FATHER'S NAME Tel. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? V16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of Mr. Clinton Conway-Chestnut Hill pervice) none 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH **İmmediate** cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not in his room 4:00 a.m. 3/27/56 related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT PLACE (Home, farm, factory, street, (Specify) office bldg., etc.) SUICIDE INJURY HOW DID INJURY OCCUR? (Hour) INJURY OCCURRED TIME (Month) (Day) (Year) Not While At work [] INJURY Work to March 1956, that I last saw the deceased 22. I hereby certify that I attended the deceased from... 19.56, and that death occurred at . 9.10 ...m., from the causes and on the date stated above. SIGNATURE NAME OF CEMETERY OR CREMATORY Pine Grove Cem. MERAL DIRECTOR DATE REC'D BY LOCAL



MARYLAND STATE DEPARTMENT OF HEALTH

2554

The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

BINDING

MARGIN RESERVED FOR

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY BALTO-6. Md MARYLAND	STATE MODE COUNTY		
	CITY (If outside corporate limits, write RURAL and giv	e nearest town)	
OR give nearest town) (A Toph 4/12 (in this place)	OR TOWN CATONSULLE - BALTIMORE COUNTY		
		E COUNTY	
HOSPITAL OR 1939 I	ADDRESS 40 TY	und	
STREET ADDRESS 979 JOHNNY CAKE GOL	11 WORNY VA	166769	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)	
(Type or Print) // OM AS	COPER DEATH 3-	19 19.52	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 19. AGE last birthday If under		
MALE WIDOWED, DIVORCED,	11.17 1277 NO Months	Days Hours Min.	
toberra, D'i ten en		CITIZEN OF WHAT	
done during most of working life, even if retired) INDUSTRY		COUNTRY?	
13 A K E IEV DOSKESS 1/1/18E/C		0,5.77.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Cooper			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS		
(Yes, no, or unknown) (If yes, give war or dates of 196-01-3008	MRS SUE GRUENINUE J939 V	ORNNYCARE A	
18. MEDICAL CE		1	
	-	INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
Immediate cause (a) - +7777474	between 222	1 litu	
Immediate cause (a)	Mills and the second se		
Antecedent cause(s)	1 5 -	1172	
Diseases or conditions, if any, (b)		114	
giving rise to the above cause stating the underlying cause last	11	1	
1 m 4 34 34	Transco	7/40	
II. OTHER SIGNIFICANT CONDITIONS		,	
Conditions contributing to the death but not			
related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1	
		Yes No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF While at Not While INJURY m. Work At work			
2740 016 T TTO 4 14 01 WE MOLE (- 7		
22. I hereby certify that I attended the deceased from	1935 to wirly 19 % that I last a	aw the deceased	
Amend is not at	少 為		
alive on 1956, and that death occurred at SIGNATURE (Degree or title)	m., from the causes and on the date sta	ated above.	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED	
365 - 1	11175 4 11	3/14/-1	
July 1 Lanner Ca	+ reast - Class.	1 1.26.	
THE DESIGNATION OF THE PARTY OF	ERY OR CREMATORY LOCATION (City, town, or count	(State)	
REMOVAL (Specify) 3-22-56 GAGTE FUR	EVAL HUMP SCRANTON	12KNA	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
REG.	THOMAS J. KENNY /AC		
	1600 Hollins ST		

15M 9/55

WARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
2555	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

0254Rea, Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) D. COUNTY **b** COUNTY MARYLAND Paltimore Marvland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) Upper Falls Towson vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Armacost Nursing Home Franklinville Rd. YES NO T 3. NAME OF First 4. DATE Middle lost Month Year DECEASED (Type or print) DEATH Minnie R. Crossmore 19 March 5. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T 9. AGE (In years last birthdoy) FUNDER I YEAR IF UNDER 24 HE B. DATE OF BIRTH Months Days Hours Min DIVORCED Female WIDOWED IT June 18 85 m 10a. USUAL OCCUPATION (Give kind of work dame 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 17. CITIZEN OF WHAT COUNTRY! during most of working I fe, even if retired) Housewife At Home Balto. Co. Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joshua Hammond Augusta Ledlev 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give wor or dutes of service) No Hammond-Franklinville Rd. None Frank Hoper Falls 18. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 0 PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. n. While Not white at work at work p. m 21. I certify that I attended the deceased from 20. 19 Lathat I lost saw the deceased and that death occurred at N. A. M. from the causes and on the date stated above. ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of county) (State) REMOVAL (Specify) Burial ADDRESS ADDRESS timore 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

'S 'A M TIME

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

.02542

Reg. Dist. No.....

CERTIFICATE OF DEATH 2556

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
COUNTY Balto	MARYLAND	STATE Md.	COUNTY		
CITY (N outside corporate limits, write RURAL	LENGTH OF STAY		ite (imits, write RURAL and	d give neerest town)	
OR end give neered town) TOWN Catonsville	(in this place)	TOWN English	Consul		**
HOSPITAL OR		STREET	(if rural give	location)	1
STREET ADDRESS House in the Pin	es	ADDRESS 3608	Annapolis ;	Rd.	,
3. III (First) (A	Aid dle)	(Lest)	4. DATE [Month		(Yeer)
(Type or Print) WI_LIAM	S2 DIX	OM .	DEATH M	ar. 17	1956
S SEX 6. COLOR OR 7. SINGLE, MARRIER WIDOWED, DIVO		F BIRTH 9	·	IF UNDER 1 YEAR	IF UNDER 24 HRS
Mala White (Specify) Mari		12, 1875	81 ym.	Months Deys	Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND	OF BUSINESS	11. BIRTHPLACE (Stale or foreig		12. CITIZEN	
as finall	s Mfg.	M. Va			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
James Dixon		ped .			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		
(Yes, no, or unk.) (II Yes, give wer or detes of service)	6-01-6585	Mm Tomos	A Dixon-To	wson h M	۵
	18. MEDICAL CER	TIFICATION	ALU.SCH#LO	INTER	EVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSI	ET AND DEATH
IMMEDIATE CAUSE (A)	Carcinoma o	f Tung			yerr
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO					
STATING UNDERLYING CAUSE LAST, DUE TO					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.	erioscleret	ic Heart lis	ease		j jelo.
190. DATE OF OPERATION 196. MAJOR FINDINGS C	OF OPERATION				. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home,	t t 1 2	tic. WHERE DID INJURY OCCUR) (City on Lawy)	YES	NO [
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	fice bldg., etc.)	ie. White DID ROUK! OCCUR	r (City or lown)	(County)	(State)
While	Not while	21f. HOW DID INJURY OCCUR	?		
M. et wor		D EE . Man	ab 100 56	-4 - 4 4	
22. I hereby certify that I attended the deceas					
alive on L. C	that death occurred at		iuses and on the da Ess (Street, city, town,		ATE SIGNED
lugar Gudann				_	7 /1 /7 /
3. BURIAL CREMATION, DATE THEREOF	M. D.	CREMATORY	O HWY Ba	or county)	(Siele) 5
Burial 3/19/56 /	Lorreino	Park Cen.	Mone	dlawn. Md	
24. PEC'D BY REGISTRAR REGISTRAR'S SIGNATURE	444.4.94.18	25, PUNERAL DIRECTOR'S	ISNATURE	ADDRESS	7
onthereh 19,1946 T.E. Har	ru.	JAMAN XI	1. chanen	1 Dous	Nall 17
	78-		VV NV V		1/1/1/
		¥			100

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or removal.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2557MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02543 Reg. Dist. No.

1. PLACE OF DEATH Saltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) 9. STATE b. COUNTY
b. CITY OR TOWN If outside corporate limits, write RURAL ond give reporest lower C. C. C. S. V. I. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) William Middle	Death 3 23 1956
5. SEX 6. COLOR DIV RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	7 - 25 - 92 P. AGE In years IFUNDER IYEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working tild even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAJOEN NAME LIZ. M. GIBSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yan, no, or partners) If yes, give war or dotes of service) 16. SOCIAL SECURITY NO. 17. #	FORMANT - Faster 15 Address Spine
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ortic Stenosis Interval Between onset and Death
Canditions, if any, which gave rise to Immediate cause (o), stating the underlying cause last, (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Port I or Part I of Item 18.}
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40th While Not while factor at work at work at work 19	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, affice bidg., etc.)
21. I certify that I took charge of the remains described about death resulted from: Natural causes , Accident , Suident	ve, held on Autopsy 🔀, Inspection 🔲, Inquiry 🔀, and find that cide 🔲, Homicide 🔲, Undetermined couse 🔲.
ACTUAL Rydney of Kat	_M.D. CHIEF MEDICAL EXAMINER []
EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
REMOVA (specify) 3/27/50 WAZE.	CREMATORY TO A LOCATION (City, lowy) or county) of a (Stote) N. C
23. FUNERAL DIRECTOR'S SIGNATURE TOUR FRANCE	DATE 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE PLANE Mac Ralp

S .V W. 140

After this py of this

OF HOSPITALE TIE law imquires that the death certifica

ATTINGMO PHYSICIA

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NSTRUCTIONS

2558 CERTIFICATE OF DEATH

Reg. Dist. No. ...

45

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY BALTIMORE	MONDO GARAGO	STATMARYLAND COUNTY BALTIMORE	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (In this place)	CITY (If autside corporete limits, write RURAL end give nearest town) OR	
TOWN ROSEDALE	10 YRS.	TOWN ROSEDALE	<i>ys.</i>
HOSPITAL OR INSTITUTION OR		STREET (If rural give location)	
STREET ADDRESS 1617 ROSEDAL	E HEIGHTS AVE	1617 ROSEDALE HEIGHTS AVE.	t
3. NAME OF (First)	(Middla)	(Last) 4. DATE (Month) (Day)	(Year)
(Type of Print) FRANK NICKOLA	S DORN	DEATH MARCH 19,	L956
5. SEX 6. COLOR OR 7. SINGLE, M RACE WIDOWED	ARRIED, 8. DATE OF		UNDER 24 HRS.
MALE WHITE SpecMA	RRIED JULY	5, 1890 65 yrs. Months Days	Mours Min.
10e. USUAL OCCUPATION (Give kind of work 10b		11. BIRTHPLACE (State or foreign country) 12. CITIZEN	
done during most of working life, even if GAS-dSTATION MANAGER AM	ERICAN OIL CO	BALTIMORE MD. USA	Yr
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
GEORGE DORN		BARBARA KEMMIT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, go, ar unk.) (If Yes, give wer or delas of service)	215 03 8708	MRS MINNA DORN SAME.	
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CER		AL BETWEEN
		oulusion Su	delea.
IMMEDIATE CAUSE (A)	0 00 10000	Court of the	alun.
DISEASES OR CONDITIONS, IF ANY, (B)	Minoria	2 of Jung. 2.	MA
STATING UNDERLYING CAUSE LAST. DUE TO			7
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		· · · · · · · · · · · · · · · · · · ·	•
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
1955 Care	NGS OF OPERATION	YES [AUTOPSY?
21a. ACIDENT WAS UNDERLYING 21b. PLACE OF CONTRIBUTING 2 CAUSE OF DEATH OF INJURY and (IF EITHER, NOTIFY MEDICAL EXAMINER)	Home, farm, factory, 2 set, office bldg., atc.)	ZIC. WHERE DID INJURY OF FOR? (City or fown) (County)	(Slate)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21a. INJURY OCCURRED While at work at work	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the d	44	1056 May 1-1 10 10 FT 1 11 11	
		, 19.5 6, to Miletary, 19.5 6, that I last saw t	the deceased
≤ OGNATURE	and that death occurred ar.	ADDRESS (Street, stry, town, state)	TE SIGNED
Manneur	dner M.D. /	aulto 6 mid 3/14	14-6
23. BURIAL, CREMATION, DATE SEREOF	NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)
BURIAL 3/22/56	LORBATNE P.	ARK CEMETERY WOODLAWN MARYLANT)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	4
offbreh 22 1916 / Mus 6	deth Duriey	HE RY SANDER & SONS INC.	mel.
	/	FALTIMONE MARYLAND.	

Cononard ordinarion

Sudden 2 year

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1955

marchy 56 March 1 56 March 19 52

Miramagurduer Britis med April

Th∎ correcil age

Items 1821 Film G195 4-6-56 a.s. CERTIFICATE OF DEATH

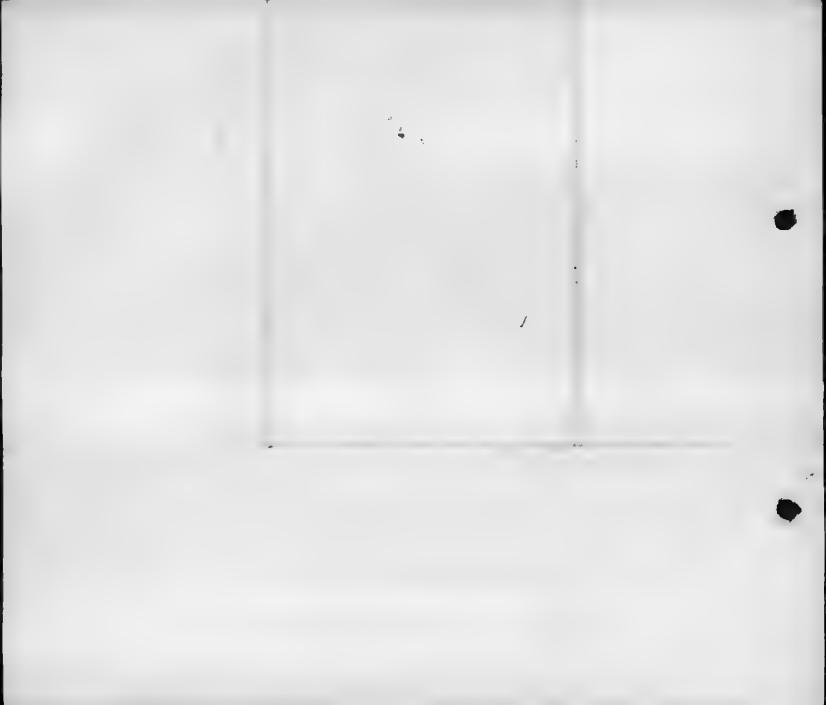
2559

FOR MEDICAL EXAMINERS

02545

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Baltimore MARYLAND	
CITY (If outside corporate limits, write RURAL and give new OR give nearest town) OR give nearest town) OWSON CITY (If outside corporate limits, write RURAL and give new OR Baltimore	erest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 328 Pixie Drive STREET ADDRESS 328 Dixie Drive	
S. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Di	ay) (Year)
DECEASED (Type of Print) James P. Dunn DEATH Mar. 26	
Male White Sector ARRIED 8. DATE OF BIRTH 9. AGE last birtbday Hunder I yes Mar. 16, 1882 71 yrs. Months Day	
done during most of working life, even if retired) Civoustry lettred Jos. F. Dunn Co. Tile Business Baltimore, Md.	TIZEN OF WHAT
13. FATHER'S NAME	
Joseph B. Dunn Elizabeth Kelly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
(Yes. no, or unknown) (If yes, give war or dates of Mrs. Jas. P. Durn 328 Dixie Drive	
18. MEDICAL CERTIFICATION	TERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	SET AND DEATH
002 4	
700 Immediate cause (a) A A Market to China concern X	1418
7 11 2	f
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause	o jec
stating the underlying cause last (c) Rochuse 1 / Le 1	Ma 17
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	16 - 4 100 (200.0)
related to the disease or condition causing death.	
	. AUTOPSY?
	es No 🗆
21. EXTERNAL CAUSE WAS PRIMARY E or CONTRIBUTING COTOR office bidg. etc.) CAUSE OF DEATH. INJURY CAPO MAY N.J.	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	
OF INJURY Aug 1955 m. While at work Fell on front porch	
INJURY Aug 1955 m. work st work Fell on front porch	
22. I certify that I took charge of the remains described above, held an Autopsy □, Inspection □, Inquiry □ thereon and from obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opin from natural causes □, accident □, suicide □, homicide □, undetermined □.	nion resulted
SIGNATURE (Degree or title) ADDRESS	ATE SIGNED
Charles + Chorenelling 750/ Yoch Get to	mo 12.56
23. BURIAL OREMATION DATE THEREOF NAME OF CEMETERY OR CREMATURY LOCATION (City, town, or county)	(State)
Bi Fig. (Specify) 3/28/56 New Cathedral Baltimore, Mo.	, ,
TOTAL TOTAL TRANSPORTED TRANSPORTED CO.	DDRESS
REG.	
12. W. Mears & Don 805 N. Calver	at Sot 1



CEDTIEICATE OF DEATH

		60	OU	CERTIFIC	, MIL C	THE REPORT OF THE PARTY OF THE			Reg. Dist	. No.	
1. PLACE OF DE	HTA	D-743			1 G STA	L RESIDENCE (W	here decease	d lived, if instituti		before c	dmiss on)
		Baltir	nore	MARYLAND		Marvl	and	B. COUNT		Ltimo	ra
	OWN (If outside give nearest to	vn}	ts, write	c LENGTH OF STAY IN 18	c. CIT	Y OR TOWN (IF	outside corpo	rote limits, write R			-
X	Parkv					Parky	rille			2	
d. NAME OF OR INSTIT	-/-				d. ST	REET ADDRESS					S RESIDENCE ON A FARM?
11	700	o queer	1 Ann	e Drive		7809	Oakda'	Le Ave.			ES NO
3 NAME OF DECEASED (Type or print	Rev.	Henra		Middle W e	מות	lost	4. DATE OF DEATH	Mor		Day	Yeor
5. SEX	TLORE	OR OR RACE				nberger		Mar	- T. T. T	VEAR IE	19 56
J. JEA	10. CO	OK OK RACE	/ MARR	HED NEVER MARRIED	B DATE O	RIKIH		9 AGE (In years lost birthday)	Months C		OUTS Min.
Male		ite	WIDOWI		Dec.	24, 187	73	82 711			
anting worl	of working life, ergyman	even if retired	ione 105.	KIND OF BUSINESS OR INC	OUSTRY 11 B	-		ountry)	12. CITIZ		VHAT-COUNTR
13. FATHER'S NA					114 440	Germany	APR APR 4			J.S.	Α.
10. 17.11167 2 197	J71L				14 MO	1 4					
		ad Elle					1000	سرما			
15 WAS DECE A (Yes, no. or unknown	SED EVER IN U. : I {It yes, giv	S. ARMED FOR war or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMAN	r		Add	ress		
No					H. Leo	nard Ell	enberg	zer-7606	Cueen	Anne	Drive
	I. DEATH WAS			e for (a) (b), and (c).)	na	ry 11	2001	nders	5		AND DEATH
*	1	DUE TO			//	1					
	s, if any, whi)								
1 "	to immedia stating the unde	3 DUE TO									
lying cour		~) {c	•								
PART	II. OTHER SIGN			CONTRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	P P	NAS AUTOPSY ERFORMED?
PART VOIDE 200. ACCID OR CONTRI	ENT WAS UNDE BUTING [] CAU NOTIFY MEDICA	RLYING [] SE OF DEATH L EXAMINER	206. DES	CRIBE HOW INJURY OCCUR	RED. (Enter no	sture of injury in	Port I or Par	t II of item 16.)			- NV U
3 20c. TIME O	INJURY Mont					URY (Home, form		or town)	(Co	unly)	(State)
Hour	e. n.	19	While of work		ractory, street	, office bldg., etc)				
				in the same		13 1/1	2/	2 1			
	ify that I et		decease		, 19	18/	Tarren	196	_,that I la	ist saw	the decease
alive sin	Jarely,	0	19=	and that dea	th accurre	d alone	M, from	n the causes o	and on the	date:	stated abay
		·	1	•			ADDRESS (SI	lreet, city or toyigt,	state)		DATE SIGN
ACTUAL	MACI	40/	CZ	ause	MD /	1/6	La	se ply	z-,		
Si Gilania					an MilVi - andien		n vin Mit vir sin om syn sin vin s				
PHYSICIAN NAME (Typ											
22a. BURIAL, CR	MATION, 22b.	DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATO	ORY	22d LOCAT	TION (City, town,	or county)		(State)
REMOVAL (Specify)	-6-1956		Zion Luther							
23. FUNERAL DI				ADDRESS	su	24 250		ers Run	Ralt STRAR'S SIGN		Md
P //	2 31314	1 11		CONCESS !	00	24a. REC*	D BY REGIST	KAR ZAB REGI	O D	ATORN	
addalin	Junixa	El. (Hox	RP	7401 Wilaux	Rd:	SATE)	6 46	TI do	6:116.	Dar	and

by filled in by the funeral director, Poges 1 and 2 shauld be filed with within 24 hours after death TO HOSPITAL OR ATTENDING "INTICIAN: The law requires that the death certificate be executed with the rate in the hospital physicion.

TO FUNERAL DIRECTOR: After it in the properties of the pro

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Page 4

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CERTIFICATE OF DEATH

	MUUL				Reg. Dist. No.	
1. PLACE OF DEATH	•		2 USUAL RESIDENCE (W		tion: Residence before admission)	
	Raltimore	MARYLAND	Mary	l and	Y	
b. CITY OR TOWN	(If autside carporate limits, write	c. LENGTH OF STAY IN 16			RURAL and give nearest town)	
RURAL and give o	OWSON		P=7+	imore	b	
d. NAME OF HOSP	ITAL (If not in hospital, give street i	oddress)	d STREET ADDRESS	MOFE	e. IS RESIDENCE	
OR INSTITUTION					ON A FARM?	
	lowson Convalesco		<u>ll 4001</u>	Glenmore Ave.	YES NO	
3. NAME OF DECEASED	First	Middle	Lasi	OF	onth Day Year	
(Type or print)	William	L.	England	DEATH ME	arch 14, 1956	
5. SEX	6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years last birthday)		
Male	White WIDOWE	DIVORCED 🗌	Sept. h. 188			
100. USUAL OCCUPAT	ON (G've kind of work done 10h	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNT	
during most at wo	rking lite, even if refired)				TI C A	
Railway Ma	ELL GLEECK	S. Govit.	14. MOTHER'S MAIDEN	Maryland.	1 U. S. A.	
			THE THE PRINCIPLE	pourit.		
	H. England	An internal and a second secon		ary Lewis		
(Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	INFORMANT	Ad	ldress	
No		None W	filliam J Eng	land-1335 Berg	ger Ave.	
18. CAUSE OF DE	ATH [Enter only one cause per lin	ie for (a), (b), and (c).]	1	12	INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY: Respiratory Faciliare						
· ·		11-4100000	1 1000	-		
d 151 44	DUE TO	1.	140-	1/ 1/2 2000	. 7	
Conditions, if a		weo sew	were -	V accept	,	
cause (a), stating	the under- DUE TO	Du - 1 - 1	11.7:		2	
lying cause lost	(c)	1 yelo us	gleries			
PART II. OT	THER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BY	NOT RELATED TO THE TERM	NAL DISEASE CONDITION G	IVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?	
5					YES NO	
20a. ACCIDENT W	AS UNDERLYING 206, DESC	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I or Port II of item 18.)	1 2 2	
PART 91. OT	Y MEDICAL EXAMINER)					
		JURY OCCURRED 20e. PL	LACE OF INJURY (Home, form	204 (City or Lour)	10	
ZOc. TIME OF INJU	While	Not while fa	ectory, street, office bldg., etc	.)	(County) (State	
Σ p. m.	19 of war	k of work				
21. I certify t	hat I attended the decease	ed from 3//2	- , 19 <i>56</i> , ta .	3/12 , 195	6,that I last saw the deceas	
alive on	3/12 19-	5 6 and that death	200		and on the date stated aba	
			r doctored decession.	ADORESS (Street, city or town		
ACTUAL SIGNATURE	Jan A Soull	P P	MD 200 20-	P 77	2 3/11/-	
SIGNATURE	-707.11 00001	ara-	M.D. OCCUPACE	-cocy , per		
NAME (Type)			Tou	1300c, e/,	Tood.	
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d, LOCATION (City, town,	or county) (Stole)	
REMOVAL (Specify	" Mar. 17, 1956	Parkwo	nd	Paltimore	e. Maryland.	
23. FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR 746 REG		
40	7 1.11	- Du D	11 1 000	The real	The	
COSSORIAL C	INMITAN CHOME	1401 Wes	CALL NOS DATE		Matel Kray	

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificote be executed within 24 haurs after death. Fage 4 may be retained by the haspit.

TO FUNERAL DIRECTOR: After the harbeen signed by the attending physician and campainly filled in by the funeral director.

TO FUNERAL DIRECTOR: After the harbeen signed by the attending physician and campainly filled in by the funeral director.

The following a should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, me remaral, and in any event mithin 72 hours after death. VS A15 (4) 15M 9/55

· stary

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2514 CERTIFICATE OF DEATH

Plat. No.

777	Acg. Dist. IV-	*********
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	^
COUNTY BALTIMORE. MARYLAND	STATE DUNDALK COUNTY 19	0.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest t	owa)
TOWN DALK ! SEYEAR.	TOWN DUNDAUR,	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3527 DUN HAVEN.	STREET (It rural, give location) ADDRESS 3527 DUNHAVEN. R.P.	
3. NAME OF (First) (Middle) DECRASED (Type of Print) SOPHIA	(Lest) 4. DATE (Month) (Day) OF DEATH 3 - 20.	(Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTHALL & 9. AGE last birthday If under 1 year If u	inder 24 hrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN COUNTRY?	OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	SA
· ·	SOPHIA CHMIEL	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	STELLA YOVAK. 3527 DWNHAUE	MRD
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ND DEATE
	1 1 1	1
Immediate cause (a) O A CUL AV R	emor nagx	1.341
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	cardio vacula due 3-	y ges
stating the underlying cause last	- t	V
11. OTHER SIGNIFICANT CONDITIONS	CINARIA SEALANA	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	30. AUI	TOPSY?
	Yes 🖸	No []
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY		ATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from J. J. 2.	, 195.6., to J	eceased
alive on 3-19, 195%, and that death occurred at		ve. SIGNED
23. BURIAL GREMATION & DATE THEREOF NAME OF CEMETE	Of Morning In Rd Rund 1/42 RY OR CREMATORY MLOCATION (City, town, or county)	2 11/2
REMOVA (Specify) ! V WOMING (SEMETERY WILKES BARRE PA	America)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRI	DEC
13-20 30 (1.60. Aldrich)	Maller & porowske 100/4 thundselve	true -
	Baltimere I 4 mmd,	



INSTRUCTIONS

2515

CERTIFICATE OF DEATH

Reg. Dist. No. 44

	1. PLACE OF DEATH	2. USUAL RESIDENÇE (HOME) OF DECEASED
	COUNTY BALTC' MARYLAND	STATE N.14 COUNTY BAITOI
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
	OR and pice nearest town) TOWN UNDALK (in this place)	TOWN DUNDALK (22)
	HOSPITAL OR	STREET (If rural give location)
	STREET ADDRESS 2909 . IL'N'DALK ALE	ADDRESS 2909 DUNDALK AVE.
	3. NAME OF First) (Middle)	(Lost) 4. DATE (Month) (Day) (Yeer)
	(Type of Print) G-ECKC-E EAKL F	ENNELL DEATH MAR. 14, 1957
	5. SEX 6. COLOR OR 7 SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE Jost birthday IF UNDER 1 YEAR IF UNDER 24 HRS
	MI. LU. MARRIED SELT.	29, 1889 CG yrs. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
7	ratiodaTURN FORMAN STEEL MFC-K	ENIN'A CUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	MATHORY PERINELL	LILLIE FLEMING
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS.
기	(Yes, not drunk.) (If Yes, give war or dates of service)	8 VIOLA D. TENNELL - ADDRESS
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	445 x IMMEDIATE CAUSE (A) AUBULUSE	re andir-Vascular
	ANTECEDENT CAUSE(S) DUE TO	1 3110
	DISEASES OR CONDITIONS, IF ANY, (B)	(sense 199
	STATING UNDERLYING CAUSE LAST. DUE TO	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY)
"]		YES TO NO IT
	216. ACCIDENT WAS UNDERLYING 21b PLACE (Home, Lerm, fectory, OF CONTRIBUTING CAUSE OF DEATH OF SINJULY Except office bldg., etc.)	tc. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
		21f. HOW DID INJURY OCCUR?
	M. et work of mork	
		1055 Mas 11.144 11.61
	22. I hereby certify that I attended the deceased from 77.99.51	1933, Id PAUL 14, 19.56, that I last saw the deceased
	alive 60 W. 17, 195, and that death occurred at.	Annual Control of the
	Maran ma mo	ADDRESS (Street, city) town, state) 3 DATE BIGNED
2	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
150	PURIOUS 2-17-5E NIE ANNW	KIDDE TRIVADO C. ind.
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE Sawson L. Farber II	altellura Budder . Contach and



TO ATTENDING PHYSICIATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02550

2562 CERTIFICATE OF DEATH

Reg. Dist. No. 35

I. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF	DECEASED
county Baltimore	MARYLAND	STATE Maryland COUNT	ry Baltimore
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate limits, write RURA	
TOWN White Hall	(in this place) 45yrs	TOWN White Hall	
HOSPITAL OR INSTITUTION OR Description To		T T T T T T T T T T T T T T T T T T T	give location)
STREET ADDRESS DEFROURY RO.		Bernoudy Rd.	
3. NAME OF (First) DECEASED	(Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Mary Ellen	+	OG/E_ DEATH	may 5 1956
5. SEX 6. COLOR OR 7. SINGLE, MAI	RRIED, 8. DATE C	OF BIRTH 9. AGE last birthday	
female RACE WIDOWED, I (Specify) W	idow 1-31-	-1867 89 ,	Months Days Hours Min,
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
rethred) homemaker	home	Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Thomas 0'Keefe		Catherine Ward	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no. quigk.) (If Yes, give war or dates of service)	none	Miss Lillian H. Fog	le, White Hall, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CEN	RTIFICATION	INTERVAL BETWEEN
TO DESCRIPTION OF THE PROPERTY	Paralest	The	ONSET AND DEATH
IMMEDIATE CAUSE (A)	-comman	browless	J day
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Citem- =	ielevous	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
190. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING TIL 21b PLACE the	ome, farm, factory,	21. MAJERE BIG BURIEV ACCURS 101	YES NO Z
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Ho OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or fown)	(County) (State)
	hile Not while	21f. HOW DID INJURY OCCUR?	
	work at work		
22. I hereby certify that I attended the dec	eased from	, 1920 , to Mar. I , 192	that I last saw the deceased
alive on 1744 . 7, 195, ar			date stated above
SIGNATURE		APDRESS (Street, city,)	own, stata) DATE SIGNED
. (1. In trans	M.D.	Hartz)	21 3/1/-1
23 BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY LOCATIONICITY, 1	own, or county) (Stata)
REMOVAL (SPECIFY) BUTIAL 3-8-56	St. Josephs		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	RE	2S. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 3-8-56 aserath	In muchal's	1 forth Brands	Sparks, Md.
DATE D 0-3 0 MARRIADUR	· (D-II) COCKERNO	INT SCOULIEURI	Dearwo, Ma

7 1 0 J ·



2553

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

			27
eg.	Dist.	No	

	reg. Dist. N	0
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY BALTIMO RE MARYLAND	STATE MA ARYLAND COUNT	TIMORE
CITY (if outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN (in this place)	OR CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR	TOWN LUTHERVILLE	
MINSTITUTION OR 802 MORRIS AVE.	STREET (If rural, give location) ADDRESS 809 MORRIS AVE	
3. NAME OF (First) (Middle)		•
OECEASED TAMES WILLIAM F	RASER DEATH MAR.	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	MAY 19, 1894 6 yrs.	1 year If under 24 hrs. Days Hours Mln.
done diving most of working life, even if retired) WESTERN EVECTRIC	11. BIRTHPLACE (State or foreign country)	COUNTRYT. ANADA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	College
Thomas Fraser	Beosie Mc Kenzie	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes po, or unknown) (If yes, give year or dates of	Mrs. Jas. W. Fraser, Lutherville	o Md
IS. MEDICAL CI		6,110.
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	SKIFICATION	INTERVAL BETWEEN
420,1	-	ONSET AND DEATH
Immediate cause (a) MYBCARDIAL I	NFARCTION	I MIN.
Antecedent cause(s) Diseases or conditions, il any, giving rise to the above cause stating the underlying cause last (c)	»	-
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
		Yes No M
21. INTERNAL CAUSE WAS PLACE (Home, Iarm, Inctory, street, IRIMARY on CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
22 I cert, by that I took charge of the remains described above, held an a obtained by said Autopsy. Inspection or Inquiry, find that said dece from: natural causes y, accident 1, suicide, homicide, SIGNATURE (Degree or title)	eased died on the dry stated above, and death in my	from the evidence opinion resulted
William a. Pillsbury M.D.	Timornin	0/1/1
		3/18/56
Cremation War. 23. 1956 Greenmoun	PARTIES LOCATION (City, town, or coun	(State)
2 AT . M. C D BY LOCAL REGISTRAR'S SIGNATURE	24. AUNERAL DIRECTOR	ADDRESS
March 23, 1956 Anne Mackey	John Burres Amo Tos	room Mis.

VS, A15A

The correct Age

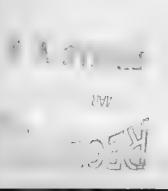
Supply every item of information carefully, write the causem of death clearly and legibly.

LUFASE WRITE PLAINLY, WITH UNPADING INK.

MARGIN RESERVED FOR BINDING

S.V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



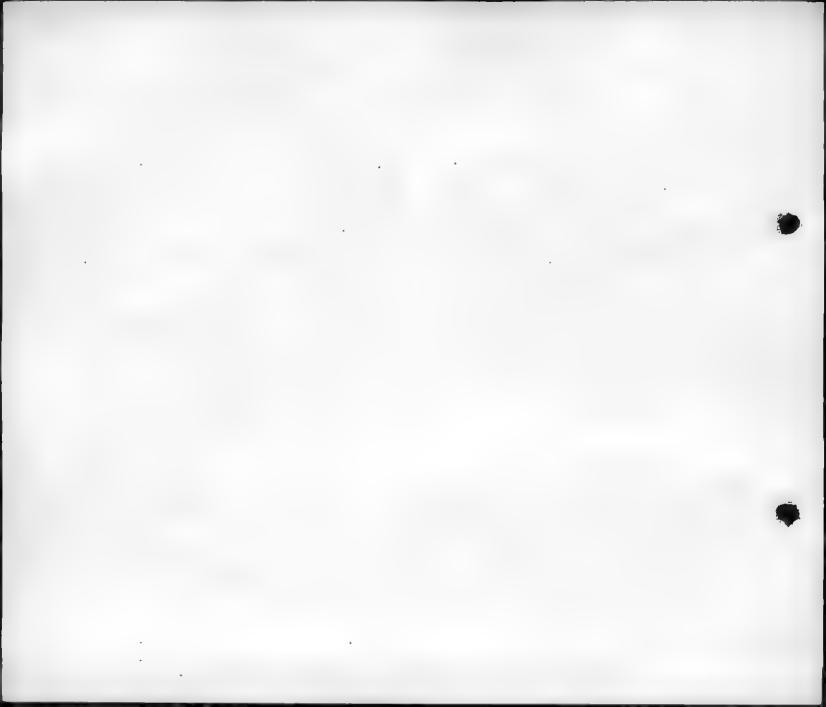
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02553

2555 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Rollings MARYLAND	STATE Md. COUN	TY Balto
COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL ar	
OK and give nearest town) (in this place)	TOWN Parkville	4
HOSPITAL OR		X
INSTITUTION OF	STREET (If rural give location)	1
STREET ADDRESS 3039 Woodside Ave.	3039 Woodside Ave.,	
3. NAME OF (First) (Middle) CType or Print) RUDOLF FROHLICH	(Last) 4. DATE (Month) (Day OF DEATH March 7	19 56
RACE: WIDOWED, DIVORCED.	of Birtil: 9. AGE last birthday: If UNDER 1 Yr 23, 1887 68 yrs. Months Da	
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country): 12.	ITIZEN OF WHAT
work done during most of working life, even if retired) Carpenter	Austria	U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Unknown	Unknown	
15 WAS DECEASED EVER IN U.S. ARMED FORCES / 16. SOCIAL SECURITY NO.: 17.	INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	arles R. Frohlich, son, above	
18. MEDICAL CERTIFICATION		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between
4201	Mannharia	Onset And Death
Immediate cause (a) Coron	Alverno	13 Months
Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause		
Diseases or conditions, if any, (b) Cureful to	cardens	Morce
giving rise to the above cause stating the underlying cause last. DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from A. Cr	10 K5 1 Majel 10 K/ 12 1 Tank	com the deserved
alive on Mar. 5, 1954, and that death occurred at . S	Fi. 15 PA., from the causes and on the date	stated above. TE SIGNED
II and ALB want	1. 1 // 1	11/9 16 6/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or co	inty) (State)
REMOVAL (Specify)	11	, , , , , , , , , , , , , , , , , , , ,
Burial March, 10, 1956 Oak Lawn Ce	m. Baltimore, Md.	ADDRESS
PREGISTEAR OF KEY // // // // //	Schimunek Funeral Home, Inc.	
the first the file of the state of the	2601-3-5 E. Madison St	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

VS. A15



VS A15 (4) 15M 9/5II

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2556 CERTIFICATE OF DEATH

()2554 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (WE o. STATE	ere deceased lived If institution Res	sidence before admission)	
BALTIMORE	MARYLAND	MARYI	ND		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURAL i	and give nearest town)	
CRAUGI TRUE	2 DAYS	BALTIN	MRE		
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE	
VELERANS ADMINISTRAT	TARTURAT MARK	7072 6	CTI. AVE. HE	ON A FARM? YES NO K	
3 NAME OF First	Middle	Lost	4. DATE Month		
DECEASED	_		OF	Day Year	
GPURUE	D.	GATNES 8. DATE OF BIRTH	PIARCE	19 1956 IDER 1 YEAR IF UNDER 24 HRS	
WAKE THE PROPERTY OF THE PROPE		B. DATE OF BIRTH	9. AGE (In years lef UN lost birthday) Mont		
MALE COLORED WIDOW		6-1-99	56 yrs.		
100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country) 12	CITIZEN OF WHAT COUNTRY	
JERAL CLEANER F	RAG & PAPER CO.	BALTuriOf	RE. MARYLAND	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
GEORGE GALLES		LAURA CH	IASE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17	NFORMANT	Address		
(If yes, give wor or dates of service)	חזס זס לו.דא מז	T 1120 17 17 67	THE THE PERSON AND THE PERSON AND THE	D 257.	
		ALIA MATERIAL AND	NI.HUSP. FT.HULARI		
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN	
INVACIDATE CAUSE (-)	EMEBRAL THROME	SUSIS		UNKNOWN	
420.0 DUE TO					
Conditions, if ony, which) (b)	PERTENSIVE ARTE	RIOSCLEROTIC	HEART LISEASE	UNKI CWN	
gove rise to immediate Cosse (a), stating the under DUETO					
lying cause lost.					
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(0) 19 WAS AUTOPSY	
ATA				PERFORMED? YES NO M	
PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)	CPIRE HOW INJURY OCCUPPE	D. (Fotor nature of injury in t	Port Lar Port II of Hem IR)	LEST KOM	
OR CONTRIBUTING CAUSE OF DEATH	OR CONTRIBUTING [] CAUSE OF DEATH]				
20c. TIME OF INJURY Month, Day, Year 20d. Il While p. m. 19 always	NJURY OCCURRED 20e. PL Not white	ACE OF INJURY (Home, form clary, street, office bldg., etc.	, ; 20f. (City ar town)) !	(County) (State)	
₹ p. m. 19 at war	k ol work				
21. I certify thotal attended the deceos	ed from MARCH 17	. 19 56 to M/	IRCH 30 1956 the	h-lleavremovileacstarsoner	
olivit XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
OUTELL CONTROL OF THE PROPERTY	Servery Hot death		ADDRESS (Street, city or town, state)	DATE SIGNED	
SIGNATURE 75 Orike				2/20/2	
SIGNATURE / / CACCO	1	M.D. LLL VAH ET	. HOWARD, MD	3/19/5	
PHYSICIAN'S NAME (Type) ERANGTS D. DTCKEN	/ /M_D				
220 BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tawn, or coun	ity) (Stote)	
REMOVAL (Specify) 3-22-56	MATERIA NOD MAR	TOTAL OWNER			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	TOLAT CEMETLE	Y RALTIMORE MAI BY REGISTRAR 245, REGISTRAR'S	S SIGNATURE	
		20	DI KEDISIKAK	can L. Ferber	
-Joseph G Tooley Jr 7201	N. Control Ave	Balto DATA	reh 22,1916 Now	zon d. Terbern	

5 · A f · ...

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

SWIFTING

9961 5 '''

10 AT 35%

director, the third copy of this

agistrar within by the funeral

ē.5

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a buriat transit permit.

VS A15C 1-55 10M

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSICIAN

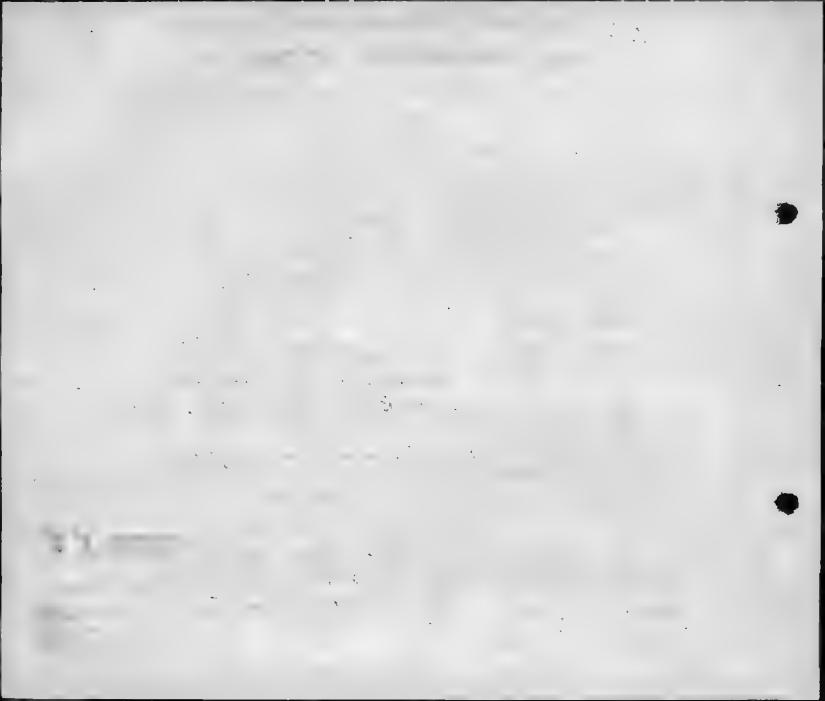
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02556

2568 CERTIFICATE OF DEATH

Reg. Dist. No.

70,-0	2. VSDAL RESIDENCE (ROME) OF DECEASED
COUNTY BALL-76' MAR	YLAND STATE COUNTY
	OF STAY CITY (If outside corporate Julius, write RURAL and give neerest town)
OR end give neerest town) (in the	is place! OR TOWN
HOSPITAL OR	75
INSTITUTION OR THE STATE OF THE	STREET (If rurel give location)
STREET ADDRESS - 172 KIVEKUIEW	HVE #
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
TYPE OF PRINT FLERENCE KOCK	(-ARRETT DEATH 3-13- 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
TI IV. PHYRKIED	10 V 30, 1881 74 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done durygy most of working life, even if OP INDUSTRY	NESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired HOUSEINIFE HORIF	MARYLAND U.S. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FREOK. GARRET	T An'N'A (JOHNSON?)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. INFORMANT & ADORESS
(Yes, p, for unk.) (If Yes, give war or dates of service)	16 Abone AN CHOOSET - SAME
71611	VICKING OF WRELL SIFINE
E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Floor Contraction of the second	a ligar of faring and
IMMEDIATE CAUSE (A) 7	Ob July July
DISEASES OR CONDITIONS, IF ANY, (8)	a Carcinsona till total 3 news
GIVING RISE TO THE ABOVE CAUSE	of the source.
STATING UNDERLYING CAUSE LAST. DUE TO	(a)
(C) EL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	tension Cardio Waserlar 5 yes
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF PERAT	20. AUTOPSY 1
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., If EFFIRE, NOTIFY MEDICAL EXAMINER!	elc.) 21c, WHERE DID INJURY OCCUR? (City or lown) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OF	CCURRED 21f. HOW DID INJURY OCCUR?
M. While et work	Not while et work
22. I hereby certify that I attended the deceased from	745 7, 1956, to Man 13, 1956, that I last saw the deceased
alive on 11.0044./3., 19.5.6, and that dea	th occurred a
BIGNATURE	ADDRESS (Street, city, town, stele) DATE SIGNED
Eugene 7 1/ Romes	M.D. 7001 Morning of Ton At Kundy ile vet &
23 BURILL, CREMATION, DATE THEREOF / NAME	OF CEMETERY OR CREMATORY (City, lown, or county) (State)
BARMOVAL (SPECIFY) 3/1/195E	AK LAWN SALTE. Co. MYL.
24 REC'D BY, REGISTRAR REGISTRAR'S SIGNATURE	
	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE DATE Dawson L. Fa	Les Atilles Parks Firnelles Wendell no



	ltimore give nearest town)				
A CITY OR TOWN IN A LITE AND A STATE OF THE	>.				
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	>.				
d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS					
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 14 Belhaven Drive 14 Belhaven Drive	ON A FARM? YES NO				
3. NAME OF First Middle Jim Major 4. DATE Month Of DECEASED (Type or print) Mrs. Filippina Giannetto DEATH March	Doy Year 12th 19 56				
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DA - OF BIRTH 9 AGE In years IF UNDE	R 1 YEAR IF UNDER 24 HRS				
female white widower Divorced Sept. 27, 1884 Sept. 27,	Days Hours Min.				
10a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 10b. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country)	TIZEN OF WHAT COUNTRY				
	caly				
13. FATHER'S NAME					
Joseph Ferrari Margaret Greco					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give were or dates of service) Address	11 -0				
Mr. John Arena, 14 Belhaven Drive					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART 1. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gove rise to immediate couse (o), sloting the under lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPS PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH (Feller, NOTIFY MEDICAL EXAMINER) 200. CIME OF INJURY Month, Day, Year 20d. (NJURY OCCURRED While Not while of work of wo					
PHYSICIAN'S NAME (Type)					
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)				
Burial Mar. 15, 1956 Union Cemetery Asso. Irvington, New					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b REGISTRAR'S SI	IGNATURE .				
Leonard J. Ruck, 5305 Harford Road #14 DATE 3/14/56 Mrs. a. d.	· Heifoneider V				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 25.70 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

02558

	keg. Dist, No.					
1 PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. STATE Maryland b COUNTY Baltimore					
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If autside corporate limits, write RURAL and give mearest town)					
Parkville	Parkville V					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS					
2508 Taylor Avenue	2508 Taylor Avenue					
3. NAME OF DECEASED (Type or print) Mr. Henry W. Gle	Lost 4. DATE Month Day Year OF DEATH March 20th 1956					
	B. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS.					
male white WIDOWED DIVORCED	Sept. 7,1883 lost birthdoy) Months Doys Haurs Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU						
during most of working life, even if retired) Linotype Machinist	Baltimore, Maryland USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Charles F. Gleim	Emma Kohlman					
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, I	NFORMANT Address					
[Yes, no or unknown] [If yes, give wor or dates of service] 213-03-2638	Mrs. Katherine W. Gleim, 2508 Taylor Ave #14					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BLTWEEN					
	coma E Extensive Metastases ONSET AND DEATH					
200, DUE TO	2473					
Conditions If you which I						
gave rise to immediate						
lying cause last.						
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY					
3 Secondary Anemia &	PERFORMED? YES NOW					
OF CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part II or Part II of ilem 18.)					
	ACE OF INURY (Hame, farm, 20f. (City or tawn) (County) (State)					
Haur a. ft. White Not while p. m. 19 at work at work	ctary, street, affice bldg., etc.)					
21. I certify that I attended the deceased from May	1954, to 20 march, 1956, that I last saw the deceased					
	occurred at 11:30 P. M. fram the causes and an the date stated above.					
C. VATA O	ADDRESS (Street, city or toyon, state) DATE SIGNED					
SIGNATURE du and Fl. Mus	MD. 7425 Harford Kd. 21 March 51					
PHYSICIAN'S EDWARD L./J. MELZ MD.	Baltimori (4 Md					
220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	farming the state of the state					
Burial 3/24/56 Druid Ridge	Cemetery Baltimore, Maryland					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE					
Leonard J. Rock, 5305 Harford Road #1	4 Tare and the 11. Decario					



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į	2	Ö	File pages 1 and 2 with the registrar priar to burial, crematia
	pending" in pencil in Item 18. Give Pages 1, 2, and	Office along with form PM3. Page 5 may be reta	used as a burial-transit permit, File
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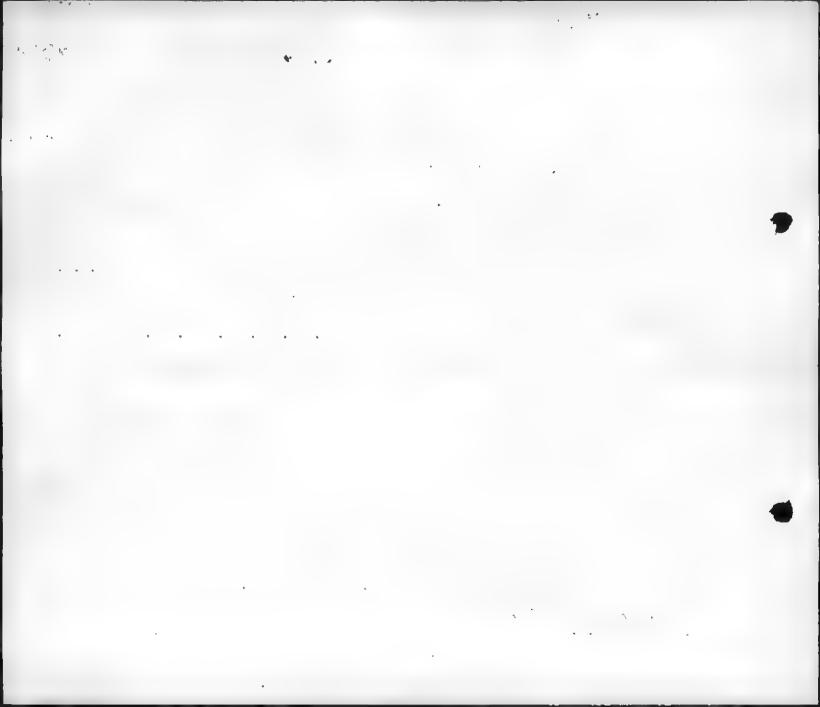
cute the cert forworded to TO FUNERAL B or removal. VS A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2571 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg.

UZ	5	5	9	
Dist No.		4	/ \	/

	I. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WI	here deceased lived.	If Institution: Residen	ice before admission)
	Paltimore	MARYLAND	o STATE Mary	land b.	COUNTY TAT	timore
	b. CITY OR TOWN (If outside corporate litrate, write RURAL and give negreal team)	c. LENGTH OF STAY IN 16	AY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give			give nearest town)
D.	Gray Manor					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	L OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS				e. 15 RESIDENCE
	2702 Old Morth Point R	ond	2702 Old	Morth I	oint Rea	ON A FARM?
	3. NAME OF First DECEASED	Middle	Last	. DATE	Month	Day Year
4	(Type or print) LEROY	н.	GODWIN	OF DEATH	March 73	1956
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In fost birth		YEAR IF UNDER 24 HRS.
- [nale white WIDOWE	DIVORCED [Aug. 10, 18	894 61	yrii. Months D	lays Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole of	r foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
	Met. Jonarete Fraducts	- manufactu	rer Harfo	rd Jo., 1	Md. U	. i . A .
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
	Benjamin J. God	win	Kate A. I	Hooker		
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. ([You, no, or unknown) [If yos, give war or dates of service]	SOCIAL SECURITY NO. 17. IN	FORMANT		Address	d.
-[no	31	edys li. God	dwin, 270	02 014 1	orth Foint
1	18 CAUSE OF DEATH [Enter only one cause per line)	ers(a), (b), and (c).]		0 .		INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	consul	CCCI	werox		Order and Death
1	DUE TO	/				
	Conditions, if ony, which)	(·				
	gave rise to immediate cause ((a), stating the underlying DUE TO					
1	couse lost. (c)					
	PART H. OTHER SIGNIFICANT CONDITIONS CO	NTR BUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	ALDISEASE CONDITI	ON GIVEN IN PART	1(a) 19 WAS AUTOPSY
	PART H. OTHER SIGNIFICANT CONDITIONS CO	()				YES NO
	200 EXTERNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY PELUPKED. (En	ter nature of injury in Port I	or Port II of item 18)	1
		1111				
		NAURY DECURRED 200. PLACE	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(Coun	ty) (State)
	Hour o. m. Yhile of wgs	Nor White Factor	y, most, office stegr, etc.;			
-	21. I certify that I taak charge of the	emains described abov	e, held an Autapsy	, Inspectio	n 🔲, Inquiry	, and find that
- 1	death resulted fram: Natural causes], Accident [], Suic	ide 🔲 , Hamicide ,	, Undetermi	ined cause [].	_
- [12212	1 111				
SIGNATURE M.D. CHIEF MEDICAL EXAMINER []						DATE SIGNED
	EXAMINER'S MA A DO.	*	ASSISTANT MEDICAL	EXAMINER 🔲		2115/51
	NAME (Type)	75	DEPUTY MEDICAL EX	AMINER []		10/04.
	PENOVAL (Some Full	22c NAME OF CEMETERY OR C		22d. LOCATION (City,	town, or county)	(Stote)
	burial 3/17/56	Loudon Park		Paltimor	re,	Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24	REGISTRAR S SIGN	NATURE
	Wm Cook. mc. Ic	17 st. Paul	Street DATE	المال الله	Mer. Col	th Aurleyn





PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians:

please write the causes of death clearly and legibly.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	02561
2572						0.6001

2573 CERTIFICATI	E OF DEATH Reg. Dist. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Baltimore MARYLAND	state Maryland county Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Catonsville	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
* STREET ADDRESS 10 Roberts Avenue	ADDRESS 10 Roberts Avenue
DECEASED: Oliman Transition	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Oliver Harrison Gra 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	
Male Colored (Specify) Married 6/1/1	.884 71 yrs. Months Days Hours Min.
IOA UAL OCCUPATION (Give kind of 108 KIND OF BUSINESS b done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
e if retired Laborer Janitor	Baltimore, Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George H. Gray	Harriett ?
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no. or unk.) (If Yes, give war or dates of service)	Mrs. Sadie Gray - 10 Roberts Avenue
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH CARDIO VAS IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Scular Renal Disease - 1 yr.
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N CO AUTODOVO
-	20. AUTOPSY1
21a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, fact OF INJURY street, office bldg.,	cory. 21c. WHERE DID (City or town) (County) (State)
OF INJURY	
22. reby certify that I attended the deceased from Jar	, 20 , on at 1 most sum the deceased
SIGNATURE // Y	5 P: M, from the causes and on the date stated above. ADDRESS DATE SIGNED APRIL 10 P. A
R MOVAL (SPECIFY)	D. 600 N. Arlington Ave. 3/23/56 ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 3/24/56 Liberty/	
RE TRAR	1 24. FUNERAL DIRECTOR ADDRESS FIROW O Wilson - 1000 Drantless
3-53-52 1.6V. Hed. neh	LELroy O. Wilson - 1000 Brantley Ave

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2574

CERTIFICATE OF DEATH

02562

										Keg. Di	21. 140.		
	CE OF DEATH	timore		MARY	rland	2 USUAL R a. STATE	ESIDENCE (WH	A STATE OF THE PARTY OF THE PAR	d lived. If institute b. COUNT		ce befor	e odmiss	ion)
b. 0	URAL and give no	If outside corporate limi	ts, write	c. LENGTH OF STAY		c. CITY (outside carpo	rate limits, write	RURAL and	give nea	rest town)
d. l	TABLE OF HOSPIT	At the new in Americal in	ive stree			d. STREE	T ADDRESS		Road				IDENCE V
3. NA	ME OF CEASED pe or print)	Fir Mary	st	Middle		Grebe	Lost	4. DATE OF DEATH		onth	Doy	,	Year 19 56
5. SEX	Female	6. COLOR OR RACE	7. MAI	RRIED NEVER MARRI	ED 🔼	B. DATE OF B	IRTH 4. 1868		9. AGE (In year light birthday)	Months	I YEAR Days		
10a U de	SUAL OCCUPATION OF WORLD	king lite, even it refired	dane 10b	. KIND OF BUSINESS C			HPLACE (State			12 CIT	USA	F WHAT	COUNTRY
13. FA1	HER'S NAME	₩ Grebe				14 MOTHE	R'S MAIDEN N			h			
1S. WA		R IN U. S. ARMED FOR (If yes, give wer or dates of s		S. SOCIAL SECURITY NO Unknown		ecords	Spring	Grove	s State	Hospit	al		
9 ci 1)	anditions, if a jove rise to it out (a), stating ring cause last.	mmediate the under-) G	contr Buting to DE	arte	rioscl	erosis			IVEN IN PAR		PEREO	
ac O	R CONTRIBUTING	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY O				Part I ar Par	t II of item 18.)			163	МОП
MEDICAL	Hour a. ft.	Y Month, Day, Yes	White	INJURY OCCURRED Not while ork of work	20e. PL/ foc	CE OF INJUR	Y (Hame, form lfice bldg., etc.	, 20f. (City	or lawn)	(1	Caunty)		(State)
AC SIG	TUAL SNATURE	Slyne Glyne Wil	12.	sed from 3-2 56, and that elliams	death	accurred	ot 3:20A	M, from	n the Causes reet, city or tow	and an ti		e state	
220. BI RI 23. FUI	JRIAL, CREMATIO EMOVAL (Specify) Burial NERAL DIRECTOR	Mar. 10	19	22c. NAME OF CEM 56 Holy ADDRESS Ford Road	Rede		emetery		NON (City, town altimore RAR 24b. REC)

8 % 6 ...

3.

1		1.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02563
d b		-	25.75MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist.	77
4 should cremati	\n	1.	PLACE OF DEATH a. COUNTY AND COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE / M & b. COUNTY BALT B. COUNTY BALT	before admission)
Poge	188	>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give and a verification of the state of the sta	re negrest town)
irector. es. prior to	H	-	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) 2802 Lingumore Road 1918 STEL MOTE ROAD	e. IS RES DENCE ON A FARM? YES NO
neral d your fill gistrar			NAME OF	- 19 S
for the re		5. 5	6. COLOX OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE IN years 15 UNDER 14E Months Day	
be retain	,	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote on foreign country) 12. CITIZEN	A .
26,5		_	FATHER'S NAME RALPH-R-ROSIER 14. MOTHER'S MAIDEN NAME GLACYS BAKER	
ve Pages Page 5 n File pages	*	15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AD III yes, give wer or do's of service) 17-2.6-1109 FLL WOOd-R-G-11f1t) AD T	RUENES
18. Gi m PM3. permit.	The state of the s		IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Contractive heart failure	NTERVAL BETWEEN ONSET AND DEATH
n Item ith for ronsit			434,1 DUE TO	
pencil i glong w buriol-tr			Conditions, if any, which (b) (b) (c) stating the underlying (c) stating the underlying (c)	
Office ed os o	2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE	1) 19 WAS AUTOPSY PERFORMED? YES NO 1
iminer's d be us	ζ,	CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 1: of item 18.) CAUSE OF DEATH.	The American
ore Exe 3 shaul		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) Hour o. m. 19 While Not while of work of wo	(Stote)
vriting lef Med R: Page			21. I certify that I taak charge af the remains described above, held an Autapsy X, Inspection, Inquiry [death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause	, and find that
foote, v			ACTUAL /// / // TO CHIEF MEDICAL EXAMINED TO	DATE SIGNED
he certified to ERAL D	ovol.		EXAMINER'S ASSISTANT MEDICAL EXAMINER 3	-10-56
orwo FUN	Ě	22a	BURIAL, CREMATION, 22b. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Igwin, or county)	(State)
S. A15ME(5		23.	FOREJAL DIRECTOR'S SIGNATURE CALL TODRESS of STATE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	TURE n
5M 9755	')		Frank It Seit Ballintone City 1 Matthis I won Dr. a. M.	. Bacong

THINNI A T

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that the death certificate



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2577

CERTIFICATE OF DEATH

03700 Reg. Dist. No. 30

	PLACE OF DEATH					2 USUAL RESIDENCE (V	Where deceas		an Residence	before odmi	ssion)
	Beltimore MARYLAND					o. STATE Maryland b. COUNTY					
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give necrest town)					c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)					
1	Catonsville Syr4mos25days					Balti	more			179.	P
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS									SIDENCE A FARM?	
17		g Grove St	ate H	lospital		6224 Farc	re Way	7] NO []
3.	NAME OF DECEASED	Fir	21	Middle		Lost	4. DATE	Mor	ıth	Day	Year
	(Type or print)	Bessie		T.		Harvey	DEATH	Marc	h 27,		19 56
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	8	DATE OF BIRTH		9 AGE (In years last birthday)		YEAR IF UND	
	Female	White	WIDOWE	DIVORCED		8-25-1877		78 yrs	Months D	ays Hours	Min,
100	during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY II. BIRTHPLACE (Sto	te or foreign	country)	12. CITIZ	EN OF WHA	T COUNTRY!
_	None		' l			Alaban	18.		US	SA	
13.	FATHER'S NAME	•				14. MOTHER'S MAIDEN	NAME				
	Tyus Tayl	or				Anna	Salter	•			
IS.		IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17. INI	ORMANT		Add	ress		-
, Lin	No	in year, gara won on ourse or v		Inknown	F	Records Spri	ng Gro	ove State	Hospit	tal	
	18. CAUSE OF DEAT	TH (Enter only one co	usa per lir	ne for (a), (b), and (c).]						INTERVAL B	ETWEEN
П	PART I. DEAT	TH WAS CAUSED BY:	1	Generalia	ed s	rterioscler	osis			ONSET AND Year!	
	450.0 DUE TO										
П	Conditions If any which \										
	gove rise to in	nmediate (
	cause (a), stating to lying couse last.	he under-									
Z	PART II. OTH			CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PART I	(o) 19. WAS	AUTOPSY
ATE			_							PERF	ORMED?
CERTIFICATION	200. ACCIDENT WAS	S UNDERLYING	206. DESI	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	n Part I or Pa	ert (I of item (8)		1] 110 [25
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)						·			
MEDICAL	20c. TIME OF INJURY	f Month, Day, Ye			20e. PLAC	E OF INJURY (Home, fairy, street, office bldg., e	rm, 20f. (Cit	ly or town)	(Co-	only)	(State)
MED	p. m.	19	While at work	Not while	race	ny, meer, britte didg., e	//-/ j				
	21. I certify the	at I attended the	decease	ed from 7-		. 19 53, to 3	3-27-	, 19 <u>. 5</u> (5 that I la	st sow the	deceased
		27			death d	occurred at 8:20	P M. fro	m the couses o	and on the	date stat	led above
		1		*				Street, city or town,			ATE SIGNED
	ACTUAL SIGNATURE	Stella	Ma	chsler	M	D Spring	Grove	State H	ospital	L 3-	-28-56
	PHYSICIAN'S										
		Stella Wac	hsler	M. D.		Catons	ville.	28. Mary	land		
220	BURIAL CREMINION	N, 226. DATE THEREC)F	22c. NAME OF CEME	ERY OR	CREMATON	224, 190	TION (City, town,	or county)	(Sta	ite)
E	morning	3 39	ماك	Www. of W	LO A	Wed woherd	150	eltemore	, 'UL	1	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. RE	C'D BY REGIS	TRAR 24b. REGI	SPRAR'S SIGN	ATURE	
L						1 DATE	2/110		6.0	Harry.	3
-						5 8 E	147				

6 A 11 2 11 1

257	8 CERTIFICAL	E OF DEATH Res	g. Dist. No.
PLACE OF DEATH:	A SHEET OF S	2. USUAL RESIDENCE (HOME) OF DECEA	ASED:
county Baltimore	MARYLAND	STATE Maryland	COUNTY altimore
CITY (If outside corporate limi	its, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write R	URAL and give nearest town)
TOWN Colgate	(in this place)	TOWN Colgate	
HOSPITAL OR INSTITUTION OR		STREET (If rural give	location)
	Riddle Ave.	7603 Riddle Aye.	
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month)	(DRy) (Year)
(Type or Print) MAMIE	H./	YNES DEATH: March	14, 19 56
5. SEX: 6. COLOR OR RACE:		OF BIRTH: 9. AGE last hirthday: lf t	onths: Days Hours Min.
Female White	(Specify): Married July	12, 1877 78 yrs.	
10a. USUAL OCCUPATION Give k work done during most of worki	and of 10b. KIND OF BUSINESS O		CUUNTRI
even if retired): At home	ing inter	Maryland	U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
John White		Maria Davies	
15 WAS DECEASED EVER IN U.S. ARME (Yes, no, or unk.) (If Yes, give war o			
No. service)	Aı	chie Haynes 7603 Riddle Ave.	
	18. MEDICAL CERTIFICAT	ION	Interval Between
I. DISEASES OR CONDITIONS I	DIRECTLY LEADING TO DEATH		Onset And Death
5 7 2 X Immediate cause	(a) Chemiq		
Antecedent causes (s) Diseases or conditions, if any giving rise to the above cause	(b) Chomo &	terstitue pephratis	14ean
stating the underlying cause la	DUE TO	arm	10 years
11. OTHER SIGNIFICANT CONDIT	rions		
Conditions contributing to the derelated to the disease or condition	eath but not		
	MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		(CITY OR TOWN) (COUNTY)	Yes No (STATE)
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, stree OF office bldg., etc.) INJURY		STATE
TIME (Month) (Day) (Year) OF INJURY	(Hour) INJURY OCCURED While at Not While m. Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I att		, 1955 to March 14, 195 6, that	I last saw the deceased
2/11/	, and that death occurred at	7. 33 P m from the causes and on the	
alive on 7.7, 190.	(Degree or title)	ADDRESS	DATE SIGNED
moris a.	facult pro	1010 porth Point Rd	8/13/36
BURIAL, CREMATION, MAI	THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, to Colgate, Mo	
DATE REC'D BY LOCAL IN	. 17, 1956 Ogk Lerm	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 9 1056	Mr. Edith Hurleys	Ullrich Funeral Home 2112 D	rundalk Ave.

VS. A15

MARGIN RESERVED FOR BINDING

2 y Ulilli

MEGENAEN

ofter death

executed

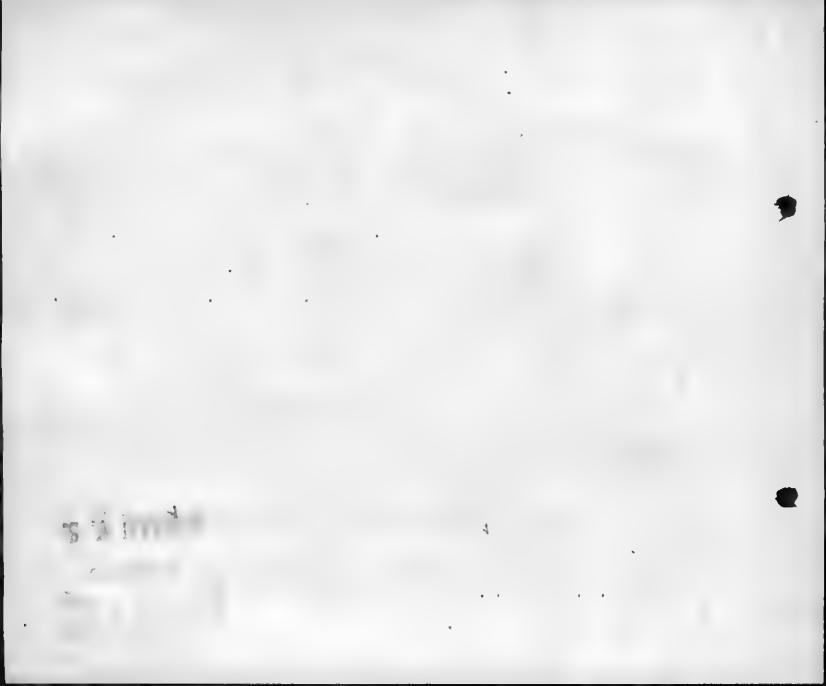
death

O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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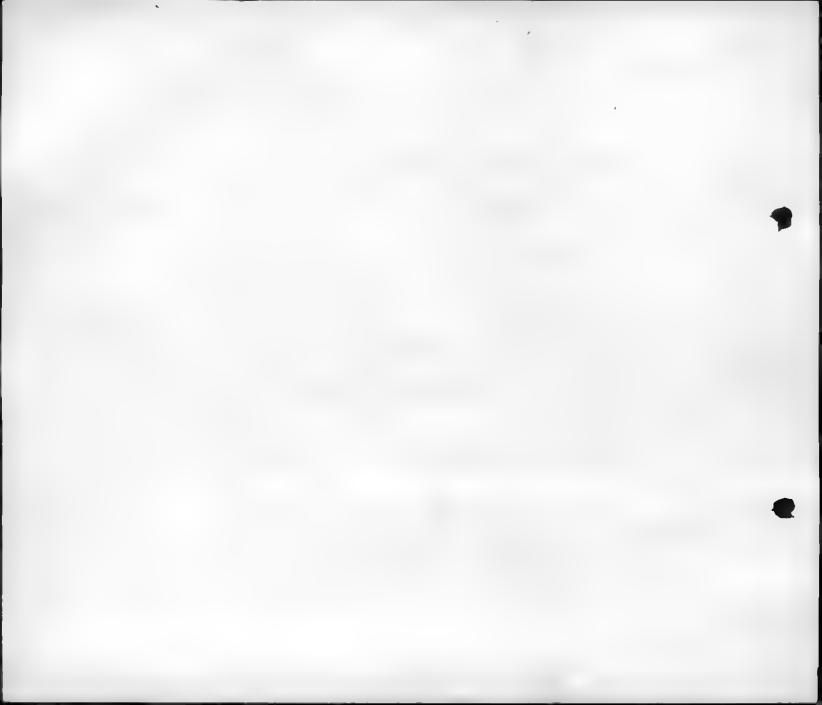
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MARGIN RESERVED FOR BINDING

E .	2581 CERTIFICATI	E OF DEATH Reg. Dist. No
ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
carefully.	COUNTY Baltimore MARYLAND	STATE MQ, COUNTY Baltimore
m of information co	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS UPPERCO, M. R.F.D. #F.	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN RUFA - Upperco STREET (If rufal give location) ADDRESS RFO, #/ Upperco, M&,
of infeath cle	3. NAME OF AINNA (Middle) (Type or Print) ANNA M. Hen	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: MARCH 30 1956
ite of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify): WIDOW	9. AGE last birthday if UNDER I YEAR IF UNDER 24 HRS. 22. 1885 70 yrs. Months Days Hours Min. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? BATIMORE M. COUNTRY?
K. Supply every write the causes	13. FATHER'S NAME: LANCE SANDS	Mary White
INK.	18. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates of service)	haurence Henry-Upperco, MQ-R.F.D#/
NG IN	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
ITH UNFADI Physicians:	immediate cause ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (A) Cereb (B) Cereb Oue To Due To	e artirio-Schrosio 4.5 ym.
AINLY, WITH	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
PLAINLY lly_import	198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
R V	OF INJURY	55 m 1 20 51
E TYPE OR		Address the Date signed 3-30-56
PLEASE	23. BURIAL, CREMATION, DATE THEFEOF NAME OF CEMETI REMOVAL (SPECIFY) 4/2/50 ST. Stephen-	s, Cometery Bradshaw, Mal,
Д	REGISTRAR 31, 1956 REGISTRAR'S SIGNATURE	1 FUNERAL DIRECTOR ADDRESS ST. Baltimore St.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1371)4

	r. Th	2582 CERTIFICATE OF DEATH Reg. Dist. N	0
4.	carefully legibly.	1. PLACE OF DEATH: COUNTY Baltimore MARYLAND STATE Maryland COUNTY Ba	Cto
		CITY (If outside corporate limits, write RURAL of STAY (in this place) TOWN Pikhwill 9 mon CITY(If outside corporate limits, write RURAL and OR TOWN Ensuington	give nearest town
/	information	HOSPITAL OR Roll hursing Home STREET ADDRESS Ersex Rd.	2 Ref.
	of ath	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day OF DECEASED: (Type or Print) A MARRIED. 8. DATE OF BURTH: M2 x 30	1956
	ite	Floral White (Specify): Widowed 3-24-1885 7/ yrs. Months Days	
JNI	e causas		S, A
BLÁDING	K. Supply write the c	15. WAS BECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	1
FOR	IN se	(Yes, no, or unk.) (If Yes, give war or dates) The Henry Spates, Shulnern (F	0. hd.
RESERVED	DIN :	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Cerebral vageuler accident	MSET AND DEATH
RESE	UNE	ANTECEDENT CAUSE (B) DUE TO DISEASES OF CONDITIONS, IF ANY. (B) ARTENIOSCEPOTIC LEARS disease	3' ma.
ARGIN	ITH Phy	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
MA	2 TR	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	*
	3 6		ZO. AUTORSY?
	WRITE PI especially	21a. ACCIDENT WAS UNDERLYING 21a. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, OR County) OF INJURY street, office bldg., etc. INJURY OCCUR? (County) 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	(State)
	R v	OF INJURY While Not while at work at work	
200	년 8	22. I hereby certify that I attended the deceased from / July , 1955, to . \$4 man, 1955, that I last sa alive on 29 man, 1956, and that death occurred at 100. M, from the causes and on the date standard signature	
1	SE	Paul H Horge M.D. Pakeville 8 hd, 23. EURIAL, CREMATION, DATE THEREOF, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or con REMOVALE (SPECIFY)	man 5% (State
ć.	PLEA	ureal 1/2/34 Western , Echandra We. F	DORESS
)h		6-2-56 Mount a rever many & flere Cich	espectell

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VS A15 (4) 15M 9/55 02569

2533

CERTIFICATE OF DEATH

Reg. Dist. No.

I DIACE OF DEATH				11								
PLACE OF DEATH COUNTY			AA A BAH A	II.	usual RESID	DENCE (Wh	ere decease	ed lived If institution b. COUN		dence be	sfore odm	assion)
	Raltimor		MARYLA	שוים	Ma	rvlar	nd	J. 400N		Balt!	imore	9
b CITY OR TOWN (' RURAL and give no	If autside corporate limit earest town)	s, write	c. LENGTH OF STAY IN	lb	e. CITY OR T	OWN (If a	utside corpo	prote limits, write	RURAL	nd give i	negrest to	wn)
	Rosedale		Life			Rose	edale					
d NAME OF HOSPIT	TAL (If not in hospital, gi	ve street	oddress)		d. STREET A	DDRESS				-	e. 15 R	RESIDENCE A FARM?
OK INSTITUTION	8339 Phila	Rd				8339	Phi.	La. Rd.				NO S
3. NAME OF DECEASED	Fin	ıt	Middle		Lost		4. DATE	M	onth		Day	Year
(Type or print)	Albert		A.	H	errmanr	1	OF DEATH	M	arch		15.	1956
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		ATE OF BIRTH			9 AGE IIn year	rs HE UNI	DER 1 YE	AR IF UN	IDER 24 HPS
Male		WIDOW			pt. 23,	189	3	last birthday		15 Days	s Hour	rs Min.
100 USUAL OCCUPATIO	DN (Give kind of work d	lane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. SIRTHPL	ACE (State	or foreign c	country)	12.	CITIZEN	OF WH	AT COUNTRY
Cle	king life, even if retired) rk		Milk Bar		Balto	a. Md.				H. 5	S. A.	
13. FATHER'S NAME			Minest Done	1	4. MOTHER'S	MAIDEN N	AME			O a k	7 s st.	•
Tr-3 war	ard Herrman	n				E	- No-					
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT	T. HIII	ing Mer	meister	ddress			
[Yes, no. or unknown]	Iff yes, give wor or dates of se	rvice)										
No			216-28-1525	Mrs.	MALTIE	C. F	errma	nn-8339	Phil	<u>a.</u>	<u>}d.</u>	
	ATH [Enter anly one cau				_							BETWEEN ID DEATH
PAKI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ī	Intastatic c	וויטייני	ാറാനു ററ്	the	pancr	e25			7	mog
1	/ DUE TO											
	Conditions, if any, which) (b)											
gave rise to i cause (a), stating	mmediate (
lying cause last.	(c)											
Z PART II OTH			CONTRIBUTING TO DEATH	1 BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITION O	SIVEN IN E	ART I(a)	12. WA	S AUTOPSY
ATIO		_							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , ,	PER	FORMED?
200 ACCIDENT W	AS LINDERLYING D	20h DES	CRISE HOW INJURY OCC	LIBBED /	oter ceture of	inium in D	act Las Par	t II of item 191			TES [□ № 🛛
O (IF EITHER, NOTIFY	AS UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)		CRIDE HOW WOOK! OCC	ORKED, I	.iiie iigipii ejiii.	milory to r	OII I OI FOI	I II OI HEII IO.)				
20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. II	NJURY OCCURRED 20	e. PLACE	OF INJURY IS	lome, farm,	20f. (Cit	y or town)		(Count	Y)	(State)
Hour a. p.	19	While	Not while	factory	, street, office	bldg., etc.						
			0/07/	~ ~			0/35	1=1				
21. I certify th	not I attended the	deceas			, 19		3/1/	<u> 155., 19</u>	,that	1 lost	saw th	e deceased
alive an	R1 117	12,	and that d	egth o	curred at.):	≥M, fran	m the causes	and ar	the d	date sto	sted abave
1	4		- 1				ADDRESS (S	treet, city or taw	n, slale)			DATE SIGNED
ACTUAL SIGNATURE	ennot (THOUSE !	M.D		010.	hilad	elihia T		343	to.	4.
PHYSICIAN'S NAME (Type)	George D.	Edw	garda, M.D.									
220. BURIAL, CREMATIC	N, 22b. DATE THEREO	F	22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCA	TION (City, town	. of count	v)	/51	late)
REMOVAL (Specify)	Mar. 18.	1.956		ther				ners Run		Ral1		Md.
23. FUNERAL DIRECTOR		4770	ADDRESS	oner	CAL 1	24a PEC'C	BY REGIST		SISTRAR'S	-		No
Janahy 7	11/	10	- M	7 :	00	7 79 -	- 01 KEG13	7	nF	1	75	2
KUUUUUU (TA	MILTIN STONE	CV.	7401 (110K)	2/1.	V1200	DATE		1 ///	Was Q	doth	· Au	rely



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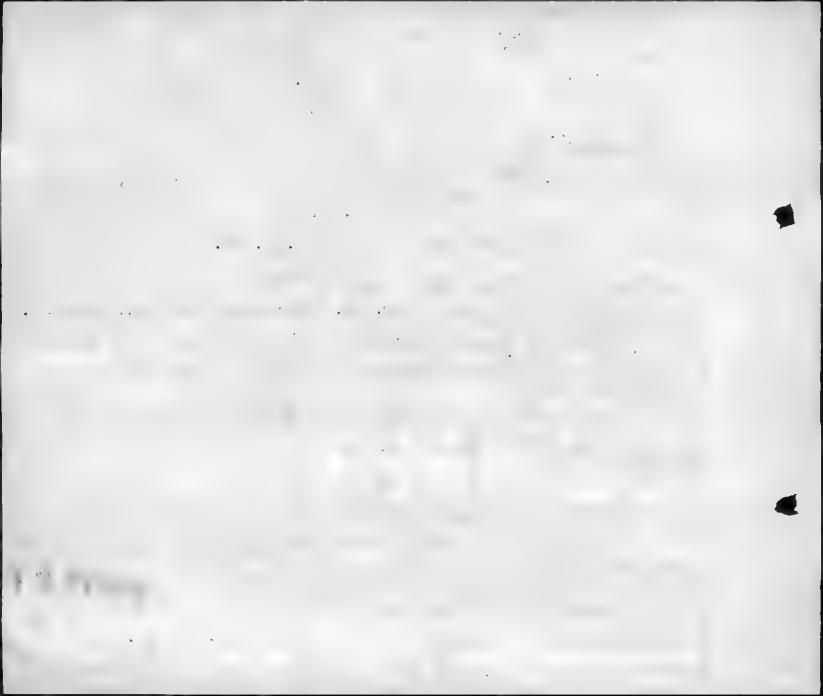
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15M 9/55



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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

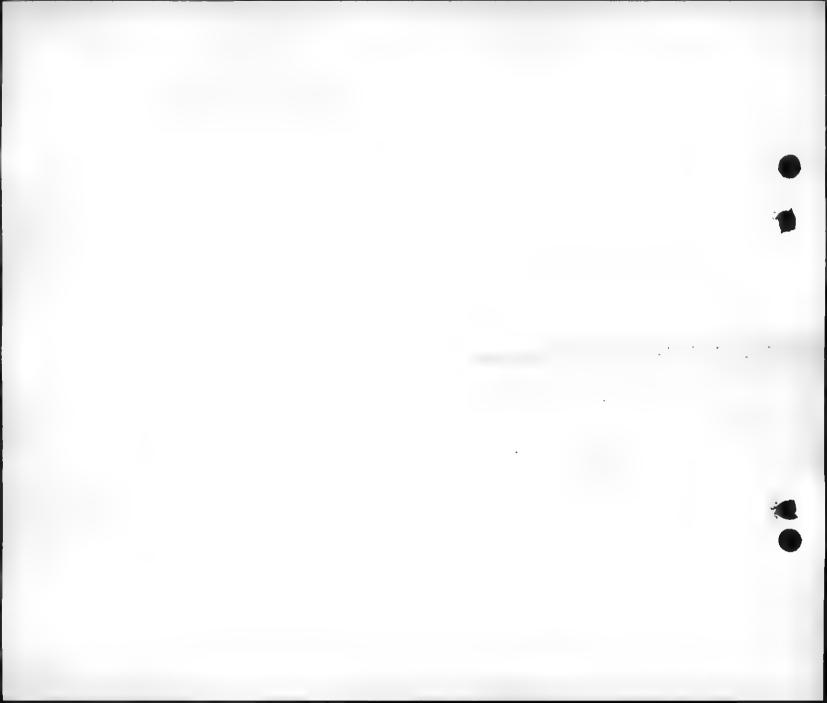
Reg. Dist. No..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BALLIMER MARYLANI	STATE MARY LAND COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF	
OR give nearest town) (In this plus TOWN (In this plus TOWN)	ace) OR TOWN CARNEI
HOSPITAL OR	STREET (If-rural, give location)
INSTITUTION OR 3219 E JODGE K	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH MARC 10 1956
(Type or Print) /- / N d A	
F Wiscow, D, Discour	OLT 4 1954 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Busine	
done during most of working life, even if retired) INDUSTRY	UIRGENIA COUNTRY 5A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
COLEMAN L HILION	BARBARA VAUGA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	No. 17 INFORMANT
(Yes, no, or unknown) (II yes, give war or dates of service)	BARGARA HILLON 3219 E. JOAPA ICA
18. MEDIO	CAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
immediate cause (a)	SACHI INFASE Francisis
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT	TION 20. AUTORSY?
Y-	Yes 🖾 No 🗇
21. ACCIDENT (Specify) PLACE (Home, farm, factory, SUICIDE HOMICIDE INJURY INJURY	street, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	
OF INJURY m. While at Not While INJURY m. Work At work	
	1. Com A Para to a Van
22. I hereby certify that I attended the deceased from	half, 19.57, to Mun. 19. 19. that I last saw the deceased
alive on Man . 9 1957, and that death occurre	d at
SIGNATURE (Degree or title)	
Helling Harry mis	. Stor Hughed Ad. Salts 14 bed. 3-12-96
	EMETERY OR CREMATORY LOCATION (City, town, or county) (State)
RIPIGVAL (Specify) 3-13-56 PAR	Rucod BALTO Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG.	Char ELVANSY SON 8809 Hostord Rd

The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



INSTRUCTIONS

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02573

CERTIFICATE OF 2587 DEATH

Reg. Dist. No. 30

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED									
	COUNTY Baltimore MARYLAND	STATE Md. COUNTY	Bal timore								
	CITY (If outside comparate limits, write RURAL CR and give neerest town) (in this place) TOWN Catonsville	OR Catonsville	st lown)								
	HOSPITAL OR	STREET (If rural give location)	*								
	INSTITUTION OR STREET ADDRESS 2.0 The control of th	ADDRESS	- 1								
	LO Numery Lane	10 Numery Lane									
	S. NAME OF (First) (Middle) DECEASED (Type or Print)	OF	(Day) (Year)								
	CHARLES ANDREW HOFEN	Maich	21 19 56								
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,										
	male white (Specify) married Aug.	7. 1890 65 yrs. Months	Days Hours Min.								
			CITIZEN OF WHAT								
7	done during most of working fits, even if OR INDUSTRY	Md.	COUNTRY?								
ì	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
	1111 June 4: 149 80 400	14. MOTHER 3 MAIDER TAME									
	Rhinghardt Hoffnagle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Martha Frank									
	(Yes, no, or unk.) (II Yes, give wer or deles of service)	17. INFORMANY & ADDRESS									
7	yes 1 Wirld War No. 1 216-32-6003 Mrs. Mildred H. Hoffnagle										
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH								
	IMMEDIATE CAUSE (A)	Thrombonia	8 mlano								
	ANTECEDENT CAUSE(S) DUE TO										
	DISEASES OR CONDITIONS, IF ANY, (B)										
	GIVING RISE TO THE ABOVE CAUSE										
	STATING UNDERLYING CAUSE LAST. DUE TO										
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
	TO THE DEATH BUT NOT RELATED TO THE										
	DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION										
J.	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?								
	21- ACCIDENT WAS UNDERLYING IT 1 2th DIACE MAIN 1-1-1-1-1	1. Whith his bidney octions and	YES NO Z								
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County	y) (State)								
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Nor while at work 2										
	22. I hereby certify that I attended the deceased from	., 19.48, to 3-21, 19.56, that I 1	ast saw the deceased								
	alive on 3-20, 19-56, and that death occurred at	.3:30 M. from the causes and on the date stated	ahove								
£	SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED								
유	Le Clalere	5907 H Och C.	12.1× 7 241								
1.55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY (City, town, or county)	(State)								
A15C 1-55 1DM	REMOVAL (SPECIFY) Burial 3/26/56 Baltimore i		ia								
\S\	24 REC'D BY REGISTRAR REGISTRAY'S SIGNATURE	National Cem. Gatonsville, M	DDRESS //								
	Adage 123, 1956 11 to Harry	William his holomed 4 Xx	110 - 1500 BIT								
	The strain of th	Total A Total 1000	The state of								
		,	1111								

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VS III15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2588	CERTIFICATE	OF	DEATH	

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					Keg. Dist. N	lo.		
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	(Where decease		on-Residence be	fore admission)		
Baltimore	MARYLAND					Raltimore		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
Rosedale 15		X						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRE	1	e. IS RESIDENCE ON A FARMA					
00 8124 Philadelphia Rd		812h F	hiladely	ohia Rd.		YES NO		
3. NAME OF First	Middle	Lost	4. DATE	Mon	th	Day Year		
(Type or print) Clarence		Hoover	OF DEATH	3	16	1956		
5. SEX 6. COLOR OR RACE 7. MARRIED X NEV	ER MARRIED	8. DATE OF BIRTH		9 AGE (In years lost birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS		
M WIDOWED	DIVORCED	April 17		75 yrs	Months Doys	s Hours Min.		
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF Bluding most of working life, even if retired)	USINESS OR INDU	STRY 11 BIRTHPLACE (State or foreign c	ountry)	12. CITIZEN	OF WHAT COUNTRY		
Hostler Railre	oad	Pa			17	ISA		
13. FATHER'S NAME		14. MOTHER'S MAIC	EN NAME					
Jake Hoover	Mary	Boone						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. I	NFORMANT		Add	ress			
No None	0	atherine W	Hoover-	8121, phi	ladalah:	in pa		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b)					IN	TERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: Coronal	ry Thromb	osis			0	NSET AND DEATH		
420.0 DUE TO								
Conditions, if any, which) (b) Arter	iosclerot	ic Heart Di	sease					
gave rise to immediate couse (a), stating the under								
lying cause lost. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE	ERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?		
\[\]						YES NO K		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRE	D. (Enter nature of injur	y in Part I or Par	t II of item 1B.)				
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCI. Hour a. jr. P. m, 19 of work of work	£	ACE OF INJURY (Home,		r or town)	(Count	(State)		
Hour e. m. 19 While Not w of work of war	TITLE	lory, sireer, unice blog.	, etc.)					
21. I certify that I attended the deceased fram,	9/25	1953 to	3/16	10 56	that I last	saw the deceased		
		accurred at 930						
0 8	Indi indi dedini	00001100 01.2.33		treet, city or town,		DATE SIGNE		
SIGNATURE SECONDE D. Sollie	ande	8019		lphia Rd.		6 111		
		m.v	. JULI MENDENNY	whsrp.cs-1641	1_3USHL950	3/16/56		
PHYSICIAN'S NAME (Type) GEORGE D. EDWARDS.	M.D.					2/ 10/ 20		
220. BUR-AL, CREMAT ON, 226. DATE THEREOF 22c. NAM	E OF CEMETERY O	R CREMATORY	22d LOCA	TION (City, town, o	of county)	(State)		
REMOVAL (Specify) 3-19-56	Coreland	Mem. Park	bal	to. Co.,		4		
23. FUNERAL DIRECTOR'S SIGNATURE ADDR	ESS	240	REC'D BY REGIST	RAR 246. REGIS	TRAR'S SIGNAT	URE /		
Tussaly Funeral Jone - 7401	Below.	Ref. DATE	GIN	1956	Mrs. Edit	L Durleys		

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate fimits, write RURAL and give nearest town) Fort Howard 29 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 1406 E. Biddle Street Veterans Administration Hospital YES NO TH NAME OF DATE Year DECEASED JAMES EARL. DEATH (Type or print) HOWARD 1956 March 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED IN NEVER MARRIED I B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Inst birthdovt Months Min Hours Male WIDOWED IT DIVORCED [Colored September 18 ₹0 🖛 yn. 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Driver Fuel Oil Co. Sampson Co., N. C 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Howard Hattie Haves 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Clinical Records, Vet. Adm. Hosp. Ft. Howard, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per rine for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: TRACHEO BRONCHIAL OBSTRUCTION 5 MIN IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) gove rise to immediate cause: DHONASHU **DUE TO** (o), stoting the underlying BRONCHIECTASIS TRACHETTIS AND PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO [Enlarged thymus and atrophic adrenals 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING P 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) Compulsions during Bronchogram 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Day, Year 20f (City or lown) (County) (State) factory, street, office bldg., etc.) While Not while a. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy [37], Inspection Inquiry [Accident , Suicide . death resulted from: Natural causes 1. Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Spec fy) Remova. 23. FUNERAL DIRECTOR'S SIGNATURE

W. A. Phys. of page

MARYLAND STATE DEPARTMENT OF HEALTH

2590

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02576

Reg. Dist. No. 44

1. PLACE OF DEATH- COUNTY BALTO. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and. LENGTH OF STAY OR give negrest town FOREST (19) (In this race)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LODGE FORES 7
HOSPITAL OR INSTITUTION OR 7740 S. COVE RI.	ADDRESS 7740 S. COVE. Rd.
3. NAME OF DECEASED (First) (Middle) HU	IOPONE OF DEATH 3 - 27 - 192
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Hours Min.
10a. USUAL OCCUPATION (Give kind of work dome during most of working life eyen il settred) The KAL AFG	11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? P. 115L 19ND COUNTRY?
13. FATHER'S NAME WM. HUPONEN	14. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, on unknown) (If yes, give war or dates of 2/3-09-3688/	MATILDA/LITOPONEN ADDRESS
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	Clake Seval Between Onset and Death B Manual
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	fix H.D. Syra-
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. at work	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentrate in the control causes of a careful to suicide to the control causes of the control to the control of the contro	Autopsy [], Inspection [], Inquiry [] thereon and from the evidence wased died on the day stated above, and death in my opinion resulted undetermined []. ADDRESS [] DATE SIGNED
Cache Callerin M.D.	Henskip Balt 22 3-28-52
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE /	MEM. RELAIR. ADDRESS

24 havrs ofter death.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

2593

2411 N. Charles Street, Baltimere

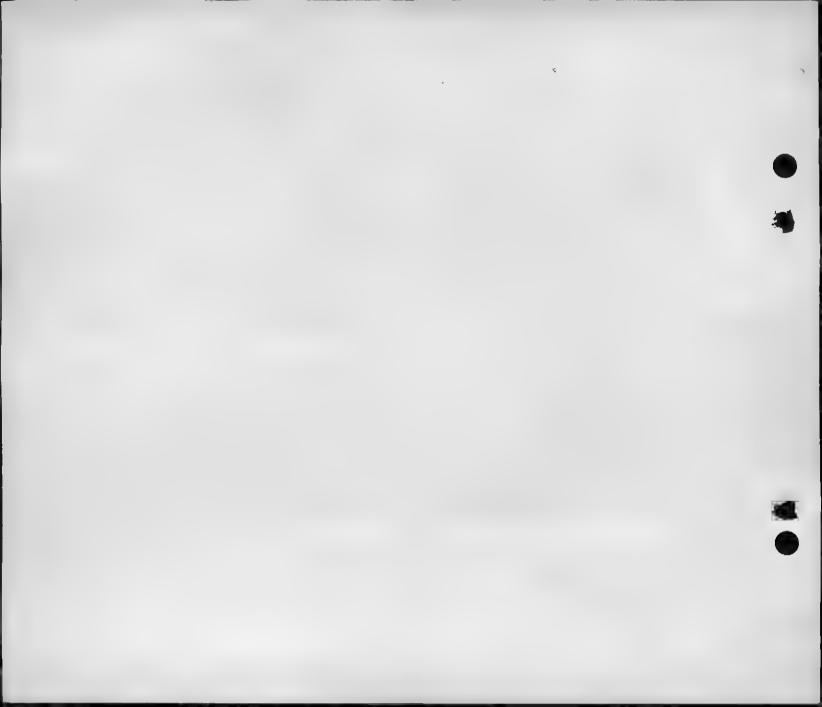
CERTIFICATE OF DEATH

	neg. Dist. No
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-
Baltlmore maryland	PRINTALIA
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bal+Imore
HOSPITAL OR HOUSE In The lines STREET ADDRESS 16 Fusting Ave.	STREET (If rural, give location) ADDRESS 10 E. Henrietta St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Margaret Jewell	OF DEATH 3/5/56 19
5. SEX F 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED., DIVORCED. (Specify) 100 Wed	S. DATE OF BIRTH 2. AGE last hirthday If under 1 year If under 24 hrs. Jan. 23. 167 89 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamine Davis	Unk.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yas, no, or unknown) (If yes, give war or dates of service)	Mrs. Estelle Bowden 10 E. Menrietta
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	O
Immediate cause (a)	1 TINADO
Antecedent cause(s)	
Diseases or conditions, if any, (b)	man sur
giving rise to the above cause grating the underlying cause last	
(o) timber	1. hu - / went work - 5 7 5.5.
II. OTHER SIGNIFICANT CONDITIONS	3
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗍
ZI. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work [] At work []	
22. I hereby certify that I attended the deceased from Deceased	, 19
alive on 19. , and that death occurred at	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
The word with	216/8/6
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) 3/7/56c hester	Cem. Chestertown, Vd.
DATE RECYD BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
We 17 Wheat Williams	JOHN F. DENNY, INC. 715 Light St.
74.15	Dar on in the contract of the

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply svery item of information cerefully: is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

he correct age

VS. A15



72 hours after death. After this director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02580

CERTIFICATE OF DEATH 2594

Reg. Dist. No. 38

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Beltimore MARYLAND	STATE Maryland COUNTY Baltimore
CITY (Hourside comparate limits, write RURAL OR end give neerest town) TOWN TOWSON CITY (Hourside comparate limits, write RURAL (in this place) (in this place) 45 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 E. Joppa Road	STREET (ff rural give location) ADDRESS 200 E. Joppa Road
3. NAME OF (First) (Middle) DECEASED (Type or Print) GEORGE SEYMOUR JOHNSON	(Lest) 4. DATE (Month) (Day) (Year) OF DEATH March 18, 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE CO. MIDOWED, DIVORCED, Marci	of Birth 9. AGE last birthdey 1 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even # OR INDUSTRY Private Home	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS
No None	Family records
IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	tery occlusion 15 MIN.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO P
OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY etreet, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City of town) (County) (Stata)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not white at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from MAR	8, 1956, to MARIS, 1956, that I last saw the deceased
alive on	ADDRESS (Street, city, town, stets) ADDRESS (Street, city, town, stets) DATE SIGNED TW. Penned, Club Tows 3/19/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
Burial Mar. 20, 1956 Pleasant Res	st Cometery Towson, Maryland 259 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Mar. 20, 1956 Makel C. Gray	John Busin Some Towson, l'aryland

* .) 1s > 1

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TYPE

PLEASE

A15. Ś

02581 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2595 CERTIFICATE OF DEATH Reg. Dis

Reg. Dist. No.

	1. PLACE OF DEATH: USII Campfield Kd -7	2. USUAL RESIDENCE (HOME) OF DECEASED:
}	COUNTY Ballimore Co MARYLAND	_ STATE Maryland COUNTY Add the / Whi
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY If outside corporate limits, write RURAL and give nearest town)
	OR and give nearest town) (in this place)	TOWN Baltimore 18
	HOSPITAL OR	STREET (If rural give location)
	., INSTITUTION OR ; , , , , , , ,	ADDRESS
	An STREET ADDRESS Augsburg Honge	2752 Fenwick Avenue
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	(Type or Print) Catherine	1 thof DEATH March 8 1956
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MRE
	tengale Whote (Specify). Maddow accu	1 19-1867 8 yrs. Months Days Hours Min.
	IOA USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
1	work done during most of working life. OR INDUSTRY:	Baltimore My COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	1 72	1 1/
	Joseph Larn	UNKNOWN
	19. WAS DECEASED EVER IN U.S ARMED FORCES: 16. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
0	of service)	
	18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	1.1	1 16. 1
	IMMEDIATE CAUSE (A)	at rongs fronting
	ANTECEDENT CAUSE (8'	+ 7/10
	DISEASES OR CONDITIONS, IF ANY. (B)	densing vardio -
	STATING UNDERLYING CAUSE LAST. DUE TO	1 . 11 -
	(c) V a	sculum disease. 1 3 ps.
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1.10+11-
	DISEASE OR CONDITION CAUSING DEATH.	regulary arleno telem
	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	/ rome	YES NO I
	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, fact	ory 21c WHERE DID (City or town) (County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY While Not while at work at work	and the same of th
	29 I havely south that I standard the decoration of	105C 4 has 11 0 10 17 11 11 11 11
0	22. I hereby certify that I attended the deceased from	, 1955, to many , 19 %, that I last saw the deceased
	alive on 1, 1956, and that death occurred at	
	SIGNATURE	ADDRESS LA PATE SIGNED 1-5-17
	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	D. 7700 July 173 (Janus - 1 ong. 3 736
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (C ty, town, or county)
	Jonara 3/10/0 manu	cemercy Jundo-like + Exerot
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS' / //



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VS A15 (4) 15M 9/55

AARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18
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		2596	CERTIFIC	CATE OF	DEATH		Reg.	Dist. No.	20
	PLACE OF DEATH S. COUNTY Balti	more	MARYLAN	IL O SIAIF			If institution Resi	dence before admi-	ssion)
	CITY OR TOWN (If outside corr RURAL and give nearest town)		c. LENGTH OF STAY IN 1				nits, write RURAL or	nd give nearest tow	vn]
-	Catonsvill d. NAME OF HOSPITAL (IF not in		2yrs.4mths		Baltimo:				1010.00.10°0
	OR INSTITUTION					D.	74- 07	ON	A FARM?
=			TATE HOSPITA	L KK4 N		enue – Ba	110, 27	YES	□ NO □X
3.	NAME OF DECEASED	First	Middle C a		lost	4. DATE OF	Month	Day	Year
_	(Type or print)	Ethel		de au ana	stner	DEATH		14	19 5
5.			RIED NEVER MARRIED		_ ,	tapi !	birthday) Manth	DER 1 YEAR IF UNE	_
	female whi				9, 189			100.0	
100	. USUAL OCCUPATION (Give kind during most of working life, ever	af work done 10b.	KIND OF BUSINESS OR IN	IDUSTRY 11. BIRT	HPLACE (Stole o	er foreign country)	12.	CITIZEN OF WHA	T COUNTRY
	housewife		411ga		U. S.	A Mar	yland	U. S.	A.
13.	FATHER'S NAME			14. MOTHE	R'S MAIDEN N	AME			
	Albert Mart	in			No.	llie Maho	n		
15.	WAS DECEASED EVER IN U. S. AI	RMED FORCES? 16.	SOCIAL SECURITY NO.	7. INFORMANT			Address		
	unknown		unknown	Records	of SPR	ING GROVE	STATE HO	DSPITAL	
	18. CAUSE OF DEATH [Enter o	nly one couse per li	ne for (a), (b), and (c).					INTERVAL B	ETWEEN
	PART I. DEATH WAS CAI	JSED BY:	Cerebral v	ascular /	accideni	t.		5 YOS	
	IMMEDIALE	DUE TO						7 300	
	Conditions, if any, which)		Hypertensi	ve cerdi	ດໝອອດນາໄປ	ar dieses			
	gove rise to immediate	(b)	My DOL OURDL	TO COLL CITY	o 4 Ct D G CT C	ar arocar			
	cause (a), stating the <u>under:</u> (lying cause last.	DOE 10							
Z		ANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT BELATED	TO THE TERMIN	IAL DISEASE CONF	DITION CIVEN IN E	PART NOT TO WAS	ALITOPSV
ATIC							ALLOIA OLYGIA IIA L	PERF	ORMED?
E	20n. ACCIDENT WAS LINDERLYII	VG (7) 206 DES	Generali:				nen 18 1	TES L] ио 💽
CERTIFICATION	200. ACCIDENT WAS UNDERLYII OR CONTRIBUTING [] CAUSE O (IF EITHER, NOTIFY MEDICAL EX	OF DEATH AMINER)	CRIBE FROM RESSET OCCU	KKCD. (CIIIBI INGIQI	e or injury in re	ori i or roll li or li	em ig j		
MEDICAL				PLACE OF INJUR	Y (Hame, farm,	20f. (Cily or low	n)	(County)	(Stote)
MED	Hour e. n.	19 While	k at while	foctory, street, of	Mice bidg., elc.)				
	21. I certify that I atten	ded the decas	ed from Jen	25 1056	5 4- 3	farch 1/	156 4 4	1.1	
	alive on March		56, and that de						
	dive on		ZO, and that de	ain accurrea		DORESS (Street, ci			ted obave DATE SIGNED
	ACTUAL .	0/1/0	lleams	C					/
	SIGNATURE	ac or -	Christian				ATE HOSP	17AL 3-1	4-56
	PHYSICIAN'S T. GLY	ne Willia	ms, M. D.		Jatonsvi 	ille 28,	Maryland		
	BURNEL CREMENON TOOL DAY								
220	BURIAL CREMATION, 226. DA	TE THEREOF	22c. NAME OF CEMETER	Y OR CREMATORY	f :	22d. LOCATION (C	ily, town, or count	y) (Sta	ife)
220	REMOVAL (Specify) ?	17/56						y) (Sto	ofe)
	REMOVAL (Specify)	17/56		edral Ce	m.	Bal to .			ofe)



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hours ofter death:

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

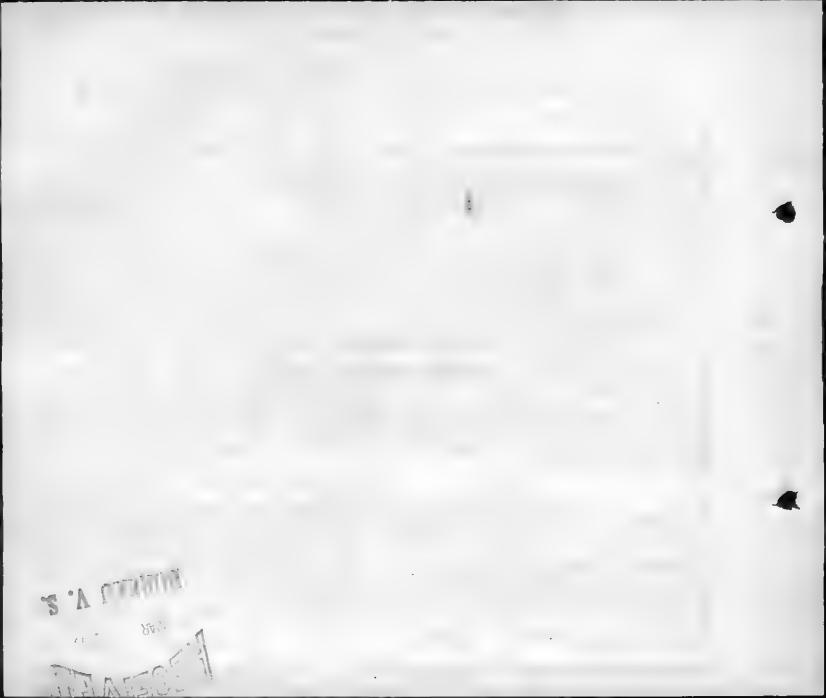
BUREAU V. S.

3261 02 AAM

AM AM

death.

death



1. PLACE OF DEATH: legibl COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITYIIf outside corporate limits, write RURAL and give nearest town) and OR and give perrest town) (in this place) OR information) / TOWN TOWN clearly HOSPITAL OF STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS (First) (Middle) 3. NAME OF (Last) DATE (Month) (Day) (Year) death DECEASED: of OF (Type or Print) DEATH: 19 item 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. S. DATE OF BIRTH 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED of Months | Dava Hours (Specify): causes KIND OF 11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF WHAT 10A USUAL OCCUPATION (Give kind of 108 BUSINESS work done during most of working life, OR INDUSTRY: COUNTRY? even if retired): Herman Supply 13. FATHER'S NAME: 14. MOTHER'S MAIDEN th WFI INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 趾 (Yes, no, or unk.) (If Yes, give war or dates Z of service) plea SZ 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH I sicians IMMEDIATE CAUSE [E DUE TO ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, (B) Phy GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) ≥ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. AIN imi 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21A. ACC DENT WAS UNDERLYING [] 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work 53 OR 22. I hereby certify that I attended the deceased from by Met 41926, that I last saw the deceased 86 1, to 0) ಪ and that death occurred at & . M, from the causes and on the date stated above. alive on 7 SIGNATURE DATE SIGNED

LEASE TYPE

BURIAL MAR. 7/36 MEAT
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
REGISTRAR

BURIAL CREMATION.

Lary H. Winter 4101 ED

CREMATORY

LOCATION (City, town, or county)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supely every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

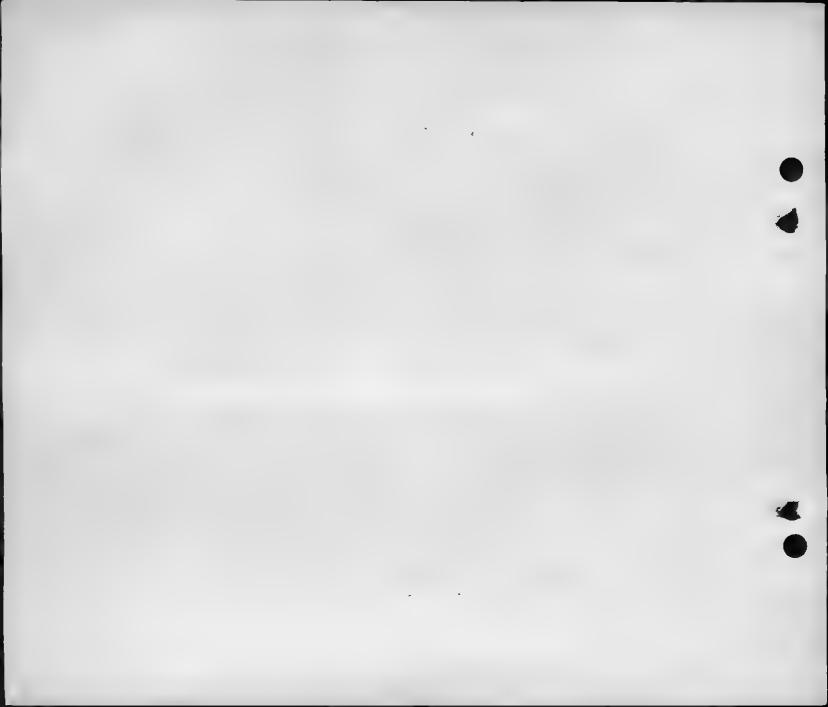
2411 N. Charles Street, Baltlmore

2600

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR givo nearest town) Towson (in this place)	TOWN Towson Zone 4
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS At Home	ADDRESS 910 Locustvale Road
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Katarzyna	Kulesza Beath March 22nd 1906
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Female White WIDOWED, DIVORCED, (Specify) TICOW	12/1/1870 75 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
TORREMITE	Polana flok A-49
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME
ANTONI KALAIM	ANNA SAGOWSKI
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	BERTHA HALLIDAY 9/0 LOUCUSTVALE, Rd
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
1. dense 42.	and bearing the second second
Immediate cause (a) Le relient The	o work
Antecedent cause(s) Discusses or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	10 20 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
JI. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	i and the second se
TIME (Mouth) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Man. 15	
alive on Mark 15 , 1955, and that death occurred at	7 30 Rm from the causes and on the data stated shows
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
money for a le in the work	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL APPELLY) 3/26/56 Holy Rosary	Cemetery 7535 German Hill Rd (State)
Don't Transfer of Trong Tropical	Cemetery 17555 Garman All Mu
DATE BEOTH BY LOCAL CENTERDADIS OF MATHER	A
MARCA 24. 1956 R.W	24. FUNERAL DIRECTOR ADDRESS



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

02588

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH MARYLAND COUNTY COUNTY STATE CITY (Il outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest toy (in this place) OR end give neerest town) OR TOWN TOWN STREE? (Il rurel giva location) HOSPITAL OR INSTITUTION OF **ADDRESS** STREET ADDRESS (Middle) DATE (Month) (Yeer) 3. NAME OF (Last) OF DECEASED DEATH (Type or Print) 19 5/2 AGE last birthday IF UNDER 24 HRS SINGLE, MARRIED DATE OF BIRTH IF UNDER 1 YEAR COLOR OR RACE WIDOWED, DIVORCED, Days Months Hours (Specify) YES. KIND OF BUSINESS OR INDUSTRY CITIZEN OF WHAT 10e, USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) COUNTRY? done during most of working life, even if retired) MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. AT. INFORMANT & ADDRESS give wer or detes of service (Yes, no, or unk.) INTERVAL BETWEEN LONSET AND DEATH 18. MEDICAL CERTIFICATION E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH MANUATE CAUSE (A) DUE TO ANTECEDENT CAUSEISI DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20. AUTOPSY? 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION NO [YES [21a. ACCIDENT WAS UNDERLYING 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21a. INJURY OCCURRED 211. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While Not while et work el work that I last saw the deceased 22. I hereby certify that I attended the deceased from......2 19 Am, and that death occurred at 6 MM, from the causes and on the date stated above. alive on....... SIGNATURE . ADDRESS (Street, city, town, stata) DATE THEREOF NAME OF TEMETERY OR CREMATORY LOCATION (City, lown, or county) 23. BURIAL, CREMATION, REMOVAL (SPECIFY) 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REGISTRAR'S SIGN REC'D BY REGISTRAR DATE

3 11 112 ...

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INSTRUCTIONS

2603 CERTIFICATE OF DEATH

	Ph. Land		30
F.A.	DIST.	No.	

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Balting orl NABYLAND	- In all
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE COUNTY CITY (If outside corporate limits, write RURAL and give neerest town)
OR and give neared town) (in this plece)	TOWN Palas That
HOSPITAL OR	very me.
INSTITUTION OR	STREET ADDRESS (If jural give locetion)
STREET ADDRESS House In The Junes	1 5920 Joulhwestern Blod
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)
(Type or Print) Mary &	aurence DEATH 3 17 1056
5. SEX 6. CO.OR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED.	OF BIRTH, 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Temale white Spenisharried 1/2	5/1882 Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during, most of working life, everify or INDUSTRY retired for the life working life, everify or Industry	-R D COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	14, MOTHER SANAIDEN NAME
	"Un known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS 1 & La Southwestern
	Mr Wilbred U. Lawrence Blod
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION // INTERVAL BETWEEN
	ONSET AND DEATH
443× IMMEDIATE CAUSE (A) X 14 Der lense	TO CL. A. CIR
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING LINDERLYING CAUSE LAST DUE TO	
STATING UNDERLYING CAUSE LAST, DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1d
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	/ Cerronhuge
198 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO T
21b. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, ferm, factory, OF CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., etc.) [IF ETHER, NOTIFY MEDICAL EXAMINER]	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. at work At work	,
22. I hereby certify that I attended the deceased from 3/2.	1933, to 3/17, 1956, that I last saw the deceased
	on 11 A.M. from the causes and on the date stated above.
SIGNATURE ()	ADDRESS (Street, city, lown, state) DATE SIGNED
take to NEdy M.D. M.D.	Hatelkort = 77, mg 3/17/6/
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	R CREMATORY LOCATION (City, town, or county) (State)
Burial 3/20/56 Ballo 1	ational Com 5301 Bedorich- Mre
24 DEC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25) FUNERAL DIRECTOR'S SIGNATURE ADDRESS.
of March 19 1956 V.E. Dorry	Hotel & Town of 2900 . St.
	form of sorwall year Hockers

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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificant executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.	er this	of this	
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OSPI he ho	quires	detach	
DR H	aw re	y the	0
IAN etaine	The	shoul	
YSIC Y be r	TOR	exec	
G PH	YREC	been te ass	
NO EX	ME	e has	10M
botte	SNER	thification	C 1-55
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that It The bottom copy may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this	certificate has been executed by the attending physician and completely filled in by the funeral director, the third comy of this death certificate assembly should be detached for use as a burial transit permit.	VS A15C 1-55 10M

MARYLAND	STATE DEPARTM	ENT OF HEALTH	BALTIMORE, 18
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CERTIFICATE OF DEATH

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.4	B.P.	30

2505 CEI	KIIFICATI	OF DEA	A H ITT	g. Dist. No
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DE	CEASED
COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL OR end give neerest town) Catonsville Tife		OR .	COUNTY orate limits, write RURAL end	Balto. d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 Garden Rid		STREET ADDRESS 201	Garden Rid	
9. NAME OF (First) DECEASED (Type or Print) Charles	P. Lup		4. DATE (Month	r. 25. 1956
	arried July	9,1874	81 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
done during most of working life, even if reflired) Ret. Conductor Ba	KIND OF BUSINESS OR INDUSTRY Lto.Transit	11. BIRTHPLACE (Stele or for Balto-IId.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME GOORG H. Lup 15. WAS DECEASED EVER IN U. 5 ARMED FORCES?	ton	14. MOTHER'S MAIDEN I TO TY 17. INFORMANT &	Hartman	Ridge R
{Yes, no, or unk.} [If Yes, give wer or dates of service]	18. MEDICAL CEI		and B.Lupto	
	te Myocardial		r disease	l day
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	011030101010			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				20. AUTOPSY?
196. DATE OF OPERATION 196. MAJOR FINDING				YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE [H OR CONTRIBUTING CAUSE OF DEATH OF INJURY street [IF EITHER, NOTIFY MEDICAL EXAMINER]	ome, farm, fectory, st, office bldg., etc.)	21c. WHERE DID INJURY OCCU	JR? (City or town)	(County) (State)
м.	Te. INJURY OCCURRED While Not while t work et work	216. HOW DID INJURY OCC		
22. I hereby certify that I attended the de alive on Varch 25. 1956, a signature		19 53 to Man 10:30 Pm; from the ADE 4116 Edmondsor	附近各路(Street, city, lown,	that 1 last saw the deceased ate stated above. PATE SIGNED 1 ar. 27, 1956
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) BURIAL Mar. 29/5	NAME OF CEMETERY OR	ck Cemetery	Balto.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATI	JR.Z	25. FUNERAL DIRECTOR'S	SIGNATURE F	ADDRESS

Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. VS. A15-10-53

DATE REC'D BY LOCAL

MARYLAND	STATE	DEPARTMENT	of	HEALTH-	-BALTIMORE,	18	02593
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2606	CERTIFICATE	OF	DEATH
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	2606 CERTIFICATE	E OF DEATH Reg. I	Dist. No. 30			
>,	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECE	SED:			
gibl	COUNTY BALTIMORE MARYLAND	STATE TOOK COUNTY TO				
and legibly	OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN CATCHSVILE	CITY(If outside corporate limits, write RUR) OR TOWN Symmous Z				
	HOSPITAL OR	STREET (If rural give locat				
death clearly	STREET ADDRESS Spring Grove St. Horrs	ADDRESS 2614 Massely	Ave.			
th c	DECEASED: 1 1	Last) 4. DATE (Month) OF	(Day) (Year)			
ea	Type or Print) (TMM E. DATE 5. SEX: 16. COLOR OR 17. SINGLE, MARRIED, 18. DATE	OF BIRTH: 9, AGE last birthday Ir unoi	/ 3 / 1956			
of	5. SEX: 16. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. (Specify): 544.	Manth.	Days Hours Min.			
causes	WORLD OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country):	COUNTRY?			
	13. FATHER'S NAME.	14. MOTHER'S MAIDEN NAME:	U.S.			
e the	Jacob Lydic	Wardine Con	دا.			
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO	17. INFORMANT & ADDRESS:				
≱ Qe	(Yes, no, or unk.) (If Yes, give war or dates of service)	Horpital record				
please	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN			
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH			
**	300 X	/ _N /				
ans	IMMEDIATE CAUSE (A) ///////// DUE TO 2 4 4 4 4 4					
ANTECEDENT CAUSE (S)						
Physicians:	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST OF THE ABOVE CAUSE OF THE ABO	1 dans 1 5				
	(c) Lucializa	d le state necessos				
important.	II OTHER SIGNIFICANT COND.TIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
pod	DISEASE OR CONDITION CAUSING DEATH,					
EO.	Table by Grenation.		20. AUTOPSY7			
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF !NJURY street, office bldg., etc. INJURY OCCUR? (County) (State)					
is esp	OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?				
1	22. I hereby certify that I attended the deceased from 2, 2, 1950, to 3/3, 1950, that I last saw the deceased					
t age	alive on 3 / 3, 1952, and that death occurred at 11 PM, from the causes and on the date stated above.					
correct	SIGNATURE ADDRESS DATE SIGNED 3/3 5 C.					
0.0		D. Muy har VITT				
	REMOVAL (SPECIFY)	LLE CEM HILLSONGE				
1	DATE REC'D BY LOCAL REGISTRATE SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS 2/2			

ULLRICH FUNERAL HOME

ADDRESS 2/12

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US VERSION

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within 24 hours after death. Page

PHYSICIAM: The low requires that the death certificate be executed

		26	198	CERTIF	ICA	TE OF DEATH	l		Reg. Dis		40.	, ,
1.	o. COUNTY Balt	imore		MARYL	NND	2 USUAL RESIDENCE (WHO		d lived. If institution b. COUNTY	en Residenc	e before	admissi	on)
	b. CITY OR TOWN (IF	outside corporate limit	, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If ou	Aside corpo	prote fimils, write Rt	JRAL and g	ive near	est town) V
	Cato	nsville		1 mo. 23 d	lay#	Baltim	ore				^	
	d. NAME OF HOSPITA	L (If not in hospital, gi	ve street	address)		d. STREET ADDRESS				€,	IS RESI	DENCE
	Spring G	rova State	Host	oital		2604 Sp	ring	Hill Ave	nue		YES 🗌	
3.	NAME OF DECEASED	Firs		Middle		Lost	4. DATE OF	Mont	th	Day		fear
	(Type or print)	Simo				Marget	DEATH	March		23,		956
	SEX			HED WEVER MARRIED		. DATE OF BIRTH 1883		9. AGE (in years last birthday) 73? yrs.	Months		Hours I	R 24 HRS
	Male		WIDOWI									
IVO	during most of works	ng lite, even if retired)	one 10b.		INDUST	RY 11 BIRTHPLACE (State o			12 CITI			COUNTRY
12	Watchma FATHER'S NAME	n		Unknown		Massa		tts		U. 3	A.A.	
ıJ.						14. MOTHER'S MAIDEN NA	_					
16	Unknow	IN U. S. ARMED FOR	PC2 14	CO CLASS CONTRACTOR AND	122 404	Unknown						
ίγe	L no, or unknown) [[]	yes, give wor or dates of se	vice)	SOCIAL SECURITY NO.		FORMANT	0	Addr		-		
_	Unknown			Inknown	Re	cords Spring	Grove	State Ho	spite	11		
		TH	_	ne for (a), (b), and (c).						INTER	VAL BET	WEEN DEATH
	=	IMMEDIATE CAUSE (a)	1	ecompensato	ry	Heart Failure				-		
	422.1 DUE TO											
	Conditions, if an	mediale	1	<u> (yocardial I</u>	ege:	neration						
	cause (o), stoting II											
z	lying cause last.	7 (c)	ITIONS C	ONTRIBUTING TO DEAT	LI BUY N	OT RELATED TO THE TERMIN	TAL DISEAS	F COMMISSION ON		1 120	21/40 4	
CATION	PARI II. OTHE	ER STORTFICART COME					IAL DISEAS	E CONDITION GIVE	EN IN PARI		PERFOR	RMED?
Ę.	20g. ACCIDENT WAS	TINDERLYING D				Briosclerosis (Enter nature of injury in Po	net t on Box	I II of item 10.1			YES 🗌	NO 🗖
L CERT	20g. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	MEDICAL EXAMINER			JORKEO.	genier notote or injury in re	311 5 OF FGE	in or new 15 j				
MEDICA	20c. TIME OF INJURY Hour a. ji. p. m.	Month, Day, Yea	20d. IN While of work	Not while	Oe. PLAC	CE OF INJURY (Home, form, ory, street, office bldg., atc.)	20f. (City	or lawn]	(C	ounty)		(State)
	21. I certify the	at I attended the	deceasi	ed from 1-29	-	, 19.56_, to_3-	23-	1956	that I le	net eav	u the	dacamend
	alive on 3-3	23-	. 19			occurred at 11:10						
		9		4				treet, city or town, s		0 0010		TE SIGNED
	ACTUAL SIGNATURE	Decly	-	tuck b.	D. M	o Spring Grove	e Sta	te Hospit	al		3-	23-56
	PHYSICIAN'S NAME (Type)	Isadore Tu	erk.	M. D.		Catonavill	e_28.	Marylar	nd			
220	BURIAL, CREMATION	1		22c. NAME OF CEMET	ERY OR			TION (City, lown, o			(Stote))
В	REMOVAL (Specify)	Mar 25/5	5		lesh	Herring Run	Bal	timore, M	id			
	FUNERAL DIRECTOR'S			ADDRESS		24a. REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE		
S	OL LEVINSON	N & BROS IN	C 11	24-26 W. No	rth	Ave DATE	7.7 41	250 //	6. 1	Fars	KA	
						\$5 m # \$ % A	J 6 1.	000		2		

S.V. Deraming

VS A1S (4) 15M 9/SS

		· 2609°	Pilmore CERTIFICA	ATE OF DEATH	4	Reg. Dis	02595 1. No. #4
Î	d. COUNTY Balti	more	MARYLAND	2. USUAL RESIDENCE (WE STATE Mary)		If institution: Res deno	e before admission)
	6. CITY OR TOWN (II RURAL and give no Fort Ho		LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate lin		ive nearest town)
λ 	d. NAME OF HOSPIT	AL (If not in hospital, give street Administration	oddress)	d street address 38 Glenwood			e. IS RESTDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print)	First ROBERT	Middle A •	tost MARKLE	4. DATE OF DEATH	Month March	Doy Year 24 1956
	S SEX	6 COLOR OR RACE 7. MARI		8. DATE OF BIRTH 7/30/09	9 AGI fost	bythday) Months	I YEAR IF UNDER 24 HRS Days Hours Min.
-	Male	White WIDOW ON (Give kind of work done 10b. ring life, even if retired)			or foreign country)	46 yrs 12. CITI	ZEN OF WHAT COUNTRY
ĽL	Medical Res	search Technici:	an U.S. Govern	ment North Fo	ork, Cali	fornia [J.S.A.
Д.	I3. FATHER'S NAME	D W 13		14. MOTHER'S MAIDEN N			
	5. WAS DECEASED EVE	R. Markle RIN U S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Rutha Mac	e Patton	Address	
	Yes Yes	(It yes, give wor or dotes of service)	218-18-1409 C	lin.Rec.,Vet.	Adm. Hos	p., Ft. How	ward, Md.
	PART I. DEA	DUE TO	ne for (o), (b), and (c).] ACUTE LEUKEMTA		B		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
	Conditions, if a gove rise to it casse (o), stating lying cause lost.	mmediate DUE TO (c)					
	CATIC	SER SIGNIFICANT CONDITIONS					PERFORMED? YES NO
		S UNDERLYING (1) 20b. DES (2) CAUSE OF DEATH MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRI	ED, (Enter noture of injury in	Port I or Part II of i	tem 18.)	
	20c. TIME OF INJUR Hour o. m. p. m.	While		ACE OF INJURY fHome, form octory, street, office bldg., etc.	a, 20f (City or tow	(C	ounty) (Stole)
		atVAstended the deceas					
	ACTUAL SIGNATURE	Loud of C	Mark Z		ADDRESS (Street, ci		pate stated above DATE SIGNER 3/24/56
	PHYSICIAN'S DO	DNALD D. MARK, I	M. D.			and the street was the same th	······································
	REMOVAL (Specify) Burial	D/41/ VC	Baltimore Na			lity, town, or county) Ore. Mary La	(State)
2	ELLE Single	S SIGNATURE	Line all	240. REC	D BY REGISTRAR	246 REGISTRAR'S SIG	
E				(1956		- 1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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PLEASE

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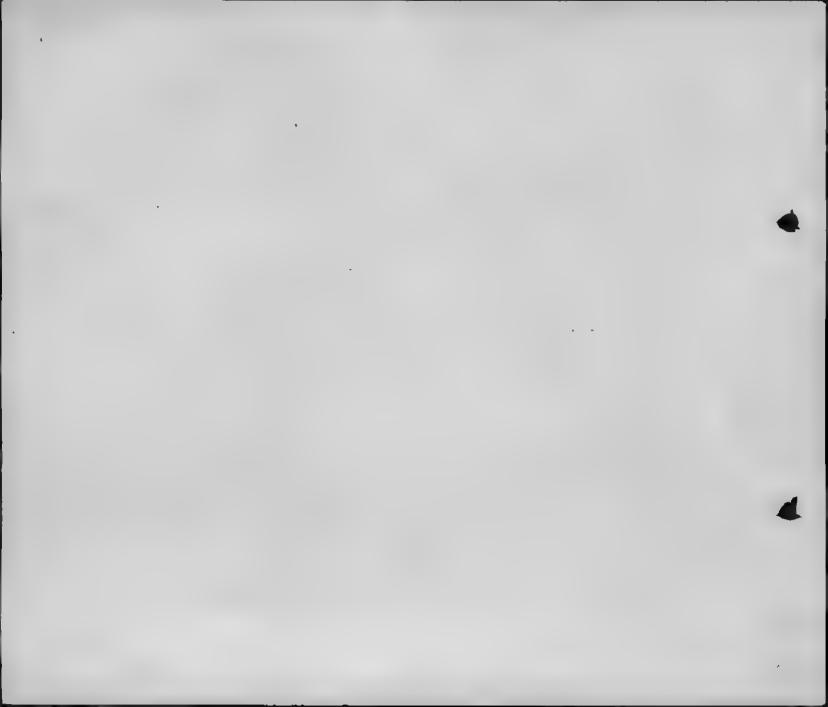
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02597

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

		110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Baltimore Maryland	STATE Md COUNTY Baltim	ore.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ROCKCALE		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3623 Langrehr Rd	STREET (If rural, give location) ADDRESS 3623 Langrehr Rd.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) BERNARD C.	MARTIN DEATH Mar. 18	19 56
5. SEX: Male 6. COLOR OR WIDOWED, DIVORCED, (Specify) Married May	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YI 5. 1918 37 yrs. Months Da.	
work done during most of work life, even if retired): Industrial EngRadiatorM:		CITIZEN OF WILAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Bernard Cheston Goldberg	Nettie S. Conwell	
(Yes, no, or unk,) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Rockdale, 1 Mrs. Stefania Martin-3623 Lei	Md. ngrehr Rd.
	AL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DRATH
Immediate cause (a). Coronary Occlus	sion	5 min
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		28. AUTOPSY? Yes □ No □
	y, 21c. (City or town) (County)	(State)
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factor) PRIMARY ☐ Or CONTRIBUTING ☐ OF street, office bidg., etc CAUSE OF DEATH. NONE INJURY NONE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
OF none M. While at Not while injury none M. work northwork	none	
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes M, Acci	ibed above, held an Autopsy [], Inspection [],	
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	3-20-56
REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or con	unty) (State)
Burial 3-21-56 Balto National Registrar's Signature Reg.	24. FUNERAL DIRECTOR	ADDRESS
	- January states	Dava.
	/)	, mol.



VS. ATSME(S) 5M 9/55

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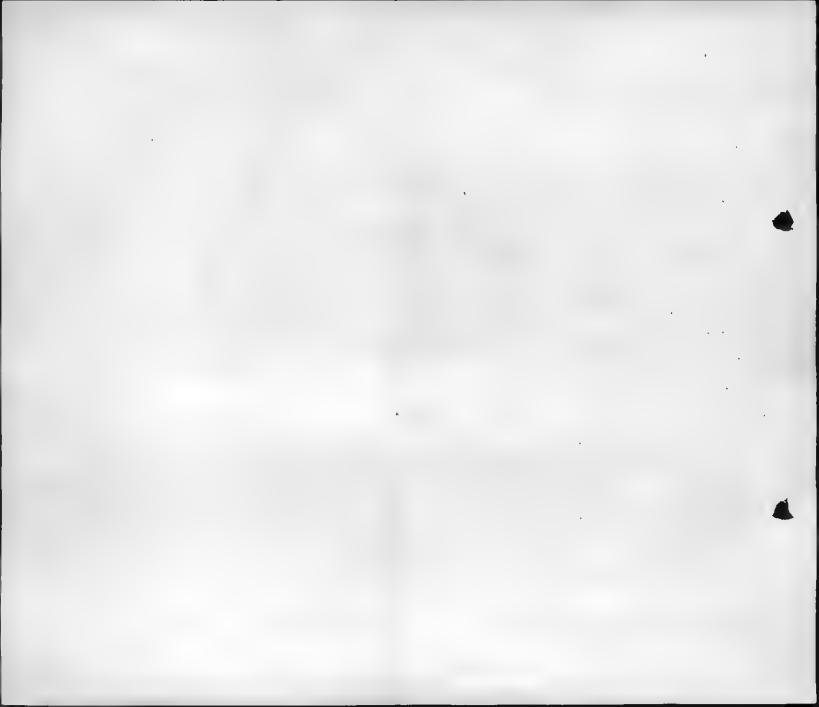
Reg. Dist. No.

I,	o. COUNTY	7		2. USUAL RESIDENCE (Where dece	gsed lived. If institution, Resi	dence before admission)
	o. COGNIT	mello	MARYLAND	o. STATE	b. COUNTY	/andla
ŧ	S. CITY OR TOWN (If our and give/neaghs) fown)	fude corporate limits, syste RURAL	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If sytside co	rporate limits, write RURAL of	nd-give nearest lawn)
1,	1 dillo	dalleton	10 400	Raw	elallely	xx
-	d. NAME OF HOSPITAL	OR INSTITUTION (IF not in	hospital, give freet address)	d. STREET ADDRESS	12 1111	ON A FARM?
	FFULSE	y 0/1-	MILTER	The Gango	Theat IC	YES NO
	NAME OF DECEASED (Type or print)	Selma (arma M.	4. DATE OF DEATH	Month Selled L	Day Year 1956
5. 3	SEX (6. COLOR OR RACE 7. MAS	RIED NEVER MARRIED 8.	SATE OF BIRTH	Land South day 5	R TYEAR IF UNDER 24 HRS.
	7	LL WIDON	WED DIVORCED [Lux. 2018 78	77 yrs. Months	Days Hours Min.
) Oa	USUAL OCCUPATION	(Give kind of work done 10t	. KIND OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (State or foreign	country) 12. CI	TIZEN OF WHAT COUNTRY?
	Home	ex inte		auct	There !	1A-a-
13.	FATHER'S NAME	, ,		14. MOTHER'S MAIDEN NAME	work In Chil	copu +
		10 mil	Ducor J	ke la HHMac	The france Cha	Steel & Ed
15. IYes		IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT	1 d posters 1	
			4	entert # 1	Marles	V
	18 CAUSE OF DEATH	[Enter only one cause per li	ne for (o), (b), and (c).		1 1 1	INTERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (o)	acule	Cardia-	La. Vine	ONSET AND DEATH
	/	DUE TO	1)		1 de la companya del companya de la companya del companya de la co	
	Conditions, if ony,		- Koan	110 1000	- Lun	
	gove rise to immedio	te couse		NA-U LI PIGE	*	
	(o), stoting the unc	[c]		d	haren e-	
ATION	PART II. OTHER		CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM NALDISEA	SE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
TIFIC	20g. EXTERNAL CAUSE	WAS 20b. DESC	RIBE HOW INJURY OCCURRED. (E	ster noture of injury in Port I or Port	II of item 18.)	1
G	PRIMARY or CONTI	RIBUTING []		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
CAL	20c. TIME OF INJURY	Month, Day, Year 20	d. INJURY OCCURRED 200. PLAC	E OF INJURY (Home, form, 120f. [Ci	ty or town) (C	ounty) (Stote)
MEDICAL	Hour o, m,		hile Not while facts work of work	ry, street, office bldg., etc.)		
_	21. I certify that		e remains described above	re, held on Autoosy .	Inspection Inqu	iry D; and find that
		rom: Natural causes		ide , Homicide , L		
	12	7	D, Accident D, Son	ide [], Hollifelde [], C	Tildereriiiiied coosa [7.
	ACTUAL	Mali	2 1/2 1	CHIEF MEDICAL EXAMINER	7	DATE SIGNED
	SIGNATURE NEW		The state of the s	M.D. CHIEF MEDICAL EXAMINER L. ASSISTANT MEDICAL EXAMIN		11. 1
	EXAMINER'S NAME (Type)	To Aco	you Plan	DEPUTY MEDICAL EXAMINER		16/5 5-37
220	BURIAL CREMATION.	22b DATE THEREOF	22g NAMBOF CEMETERY OR			1 1 1
/	EMOVAL (Specify)	Ils 1 6	122 NAME OF CEMETERY OR	(V. D.	ATION (City, town, or county)	(State)
23	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS ,	240_REC!D BY REGIS		IGNIATHOE
-	7- 1	1 11/2 000	P. Li	- 5 1 10	156 1 1	On to
_/	To with to	T HULLINEU	- L'Alice Tel	C. II. BATE U II	NN. IIM	· Maring

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WAN TANK

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02600
2613 CERTIFICATE OF DEATH Reg. Dis	1. No.3 ()
COUNTY Baltimore CITY If existe experinte limits, write RURAL Left this place; or and rive nearest tunn) TOWN HOSPITAL OR MARYLAND STATE COUNTY CITY If outside corporate limits, write RURAL CITY If outside corporate limits, write RURAL OR CITY III outside corporate limits, write RURAL OR CITY III rural give location STREET (If rural give location	and give nearest town)
3 NAME OF (birst) (Middle) (Last) 4. DATE (Month) DECEASED. (Type or Print) Schina 14 NES McCorpack OF Month 2 5. SEX 6 COLOR OR 7 SINGLE MARRIED. WIDOWED, DIVORCED. Famile RACE: WiDOWED, DIVORCED. (Specify) liampind 9-23-1887 Work done during most of working life even if retired): Housewife OR INDUSTRY: 10A USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR INDUSTRY: Work done during most of working life even if retired): Housewife OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12 Trelond 13. FATHER'S NAME:	Days Hours Min. CITIZEN OF WHAT
IMMEDIATE CAUSE ANTECEDENT CAUSE (8: DUE TO DISEASES OR CONDITIONS, IF ANY, (8) Dehydration GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Senility 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
21A ACCIDENT WAS UNDERLYING[] 21B PLACE (Home, farin, factory of countributing Cause of Death of Injury street, office bidg., etc. Injury occur? 21D Time (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while 21F. How DID INJURY occur? 22. I hereby certify that I attended the deceased from 7- , 1953, to 3-2- , 1956, that I las	t saw the deceased stated alove.
	PLACE OF DEATH PLACE OF DEATH COUNTY Baltimore CITY If reside expense limits, write RURAL LENGTH OF STAY OR adaptive measure to make the residence to m



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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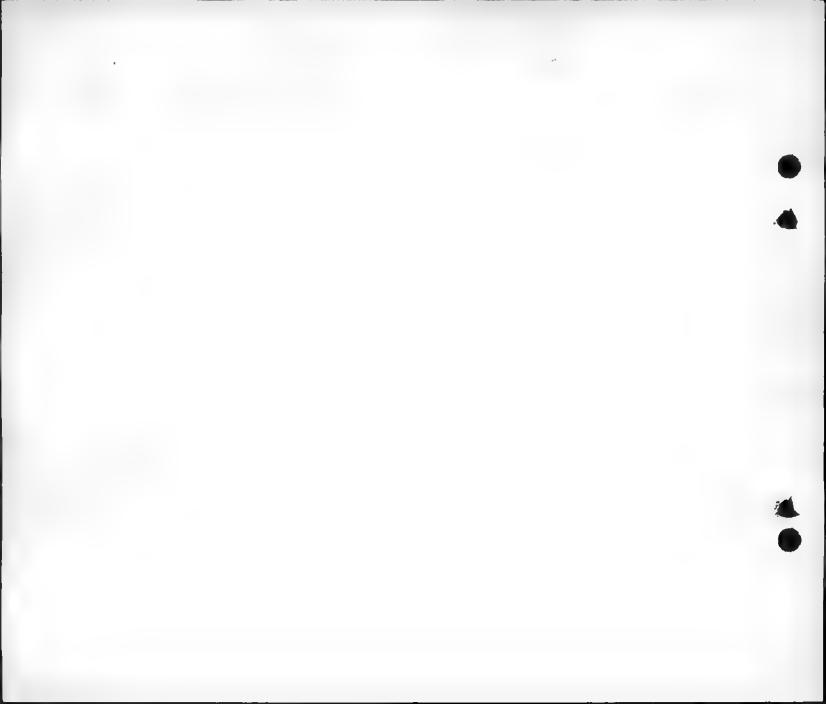
ı		Lets Distriction	,
1	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
ı	COUNTY Baltimore MARYLAND	mal. Dalt	0.
1	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town	n)
1	TOWN Woodlawn	TOWN Wood awn	2
	HOSPITAL OR INSTITUTION OR A COO	STREET (If rural, give location)	
	STREET ADDRESS 6822 Dogwood Rd.	6822 Dogwood Road	
	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day)	(Year)
1	(Type or Print) than a. IT. Meekins	DEATH March //	1957
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCEDA	8. DATE OF BIRTH 9. AGE last birtbday If under I year If under I was Hours	er 24 hr
	Lemale white (Specify) married.	June 12, 18 94 6/ yre, Months Day Hours	Daliti.
,	done during most of working life, even if retired) 10b. Kind of Business on Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY?	WHAT
1	House wife Itome	(a 170, 1110, C. S.	A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Louis Franck	Margrethe Stump	
	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	1 -
	n o service)	Mr. Albert J. Meekins -6822 Dog wood R	0. 7
	18. MEDICAL CE	RTIFICATION INTERVAL B	C-THEFF.
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	
	have the	26+	5
	Immediate cause (a) Coronary		-2 141 .
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Cardio-Vascular Disease 4 y	ass
	(c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOP	SYI
	no operation	Yes 🗆	No 1
	21. ACCIDEN? (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STAT	E)
	TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
		11 110 70 111 21	
	22. I hereby certify that I attended the deceased from	6, 1977, to Marill, 1900, that I last saw the dece	eased
	alive on 19 and that death occurred at SIGNATURE (Degree or title)	ADDRESS	ONED
	Joshus H. armacost Med.	Bellinore 7 mol 3-12.5	56.
			tate)
	(REMOVAL (Specify) 3/14/56 Loudon	Park Balto. Me	d.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	3
	REG. 1 C	Ushn T. Stansbury 6411 Windsor M:11 16	od. 7

2000

The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING



MSTRUCTION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02602

2615 CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
Batter 1000	STATE MARYLAN & COUNTY Battingoi	
COUNTY DATTING MARYLAND CITY (Il outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	2
OR and give nearest town) (In this place)	OR 19 1	
X TOWN HAMPSTZAD Kunal Life.	TOWN HAMBSTEAD RUVAL	5°
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS Black Rock Road	ADDREGG /	1
- SIKEEL ADDRESS COLONELL LIBERTY	Black Rock Tronda	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey)	(Year)
(Type or Print) Bessie Fetalla Me	THUMAN DEATH MOTCH 9	. 51
Lasterius	771111	19 7 6
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRVA 9. AGE last birthday IF UNDER 1 YEAR III	F UNDER 24 HRS. Hours Min.
FAMALE INTILES (Specify) Warried Got	15, 1893 GZ YEL	110012
10e. USUAL OCCUPATION (Give kind of work IDb. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTR	Y?
retired) stousewise Home	Maryland USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
LYVING S. Leister	Perm B. Neudeckel	F.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	1 17. INFORMANT & ADDRESS	
(Yes, no, or unk.) [If Yas, give war or dates of service)	17. INTORNATI & ADDRESS	MI
NO	JOHN IN MENTIGHAN MAMPSTY	AD MC
		AL SETWEEN
E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSEI	AND DEATH
1430. / IMMEDIATE CAUSE (A) COULE COTON	any Occulision. Suc	DONLY
ANTECEDENT CAUSE(S) DUE TO	11/1-	/
DISEASES OR CONDITIONS, IF ANY, (8)	Ext 1) 1seases . Such	e year
GIVING RISE TO THE ABOVE CAUSE	4 1 1	0,0
STATING UNDERLYING CAUSE LAST, DUE TO FILE LINESCOPE (C)	whin Vacantes deserves	,
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		A TENDROUS
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	YES F	AUTOPSY?
21- ACCIDENT MAS INDEDIVING EL 1 216 BLACS (Many form federal)		(Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED 2	RH, HOW DID INJURY OCCUR?	
M. et work = et work		
22. I hereby certify that I attended the deceased from AM F	, 19 48 , to March 7 , 19 5 6 , that I last saw	the deceared
		ing deceased
	3.151.M, from the causes and on the date stated above.	
SIGNATURE / /C /2	ADDRESS (Street, city, town, state)	TE BIGNED
M.D./fo	emplind Mal Much	9,1956
28. BURIAL, CREMANION. DATE THEREOF NAME OF CEMETERY OR C	CREMITIORY LOCATION (City, Jown, or county)	(Steje)
Being 3-12-36 Lase V	West Buts di	Med
a 13	peen (Jueno ar)	vey
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	7 100 1
DATE 3 - 10 - 56 (1/ ETU) 2 1 mg	Caused Clipton Hawks	but Mil
The second secon	TO TOTAL TOTAL	

gail ? E pr. 12-1-8

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be

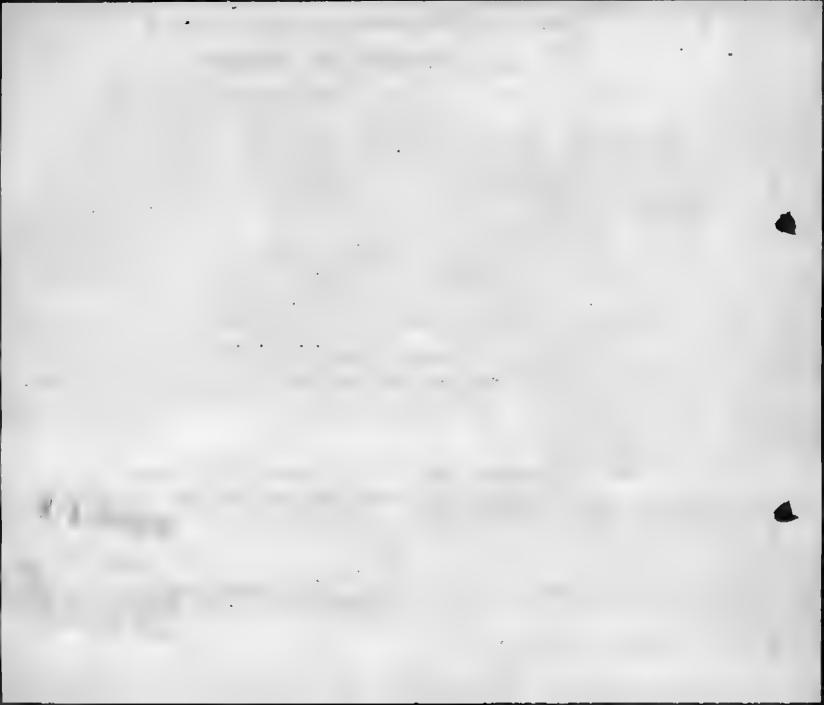
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2616 CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	Maryland Baltimore
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give neerest town)
OR and give naerest town) TOWN TOWSON [In this place] DON.	Town Towson
HOSPITAL OR	STREET (// rurel give locetion)
street adoress 420 York Road	ADDRESS 420 York Road
3. NAME OF (hirst) (Middle) DECEASED (Type or Print) ENILIJA MEZGALS	(Lest) 4. DATE (Month) (Dey) (Year) OF DEATH March 16, 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	E OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
	29, 1877 78 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even # OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) Housewife Own Home	Latvia USA USA (DP)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christoph Privert	Louisa ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detas of service) None	U.S.Govt. D.P. Papers
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
	ONSET AND DEATH
MAMEDIATE CAUSE (A) HYPERTENHIVE	condisvascular disease 15 years
ANTECEDENT CAUSE(S)	ellitus
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) [Stole]
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While M. Bal work at work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	9/, 19.5 4, to 3/16/, 19.5 6, that I last saw the deceased
alive on 3 / 19 56 , and that death occurred	at3
Parl 11 Aug Ara	3800 Enduan Ave, #13 3/16/1957
M.D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	
REMOVAL (SPECIFY)	[Size(4)
Burial March 20,1956 Woodlawn 24 REC'D BY REGISTRAR REGISTRARS SIGNATURE	
· he en	259 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Makel Grays	John Musico Love Towson, Maryland



24b. LOCATION (City, town, or county)

Baltimore. Maryland

(State)

ADDRES6

write 00 IS A PERMANENT RECORD. BLACK OR BLUE-BLACK INK-00 please, RECO Physicians: 1 U OF VITAL supplied. PERMANENT carefully st WITH PLEASE TYPE, OR THE OF INTERPRETATION DE LICATE MUST BÈ Every item SIE

FICATION

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ATTENDING PHYS.

24A. BURIAL, CREWA-

DATE RECEIVED BY

MED. DIRECTOR

March 31,1956

REGISTRAR'S SIGNATURE

248, DATE

STAFF PHYS

Mount Carrel

24c. NAME OF CEMETERY OR CREMATORY

Cometerv

25. FUNERAL DIRECTOR

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18.

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TO ATTENDING PHYSICIAN

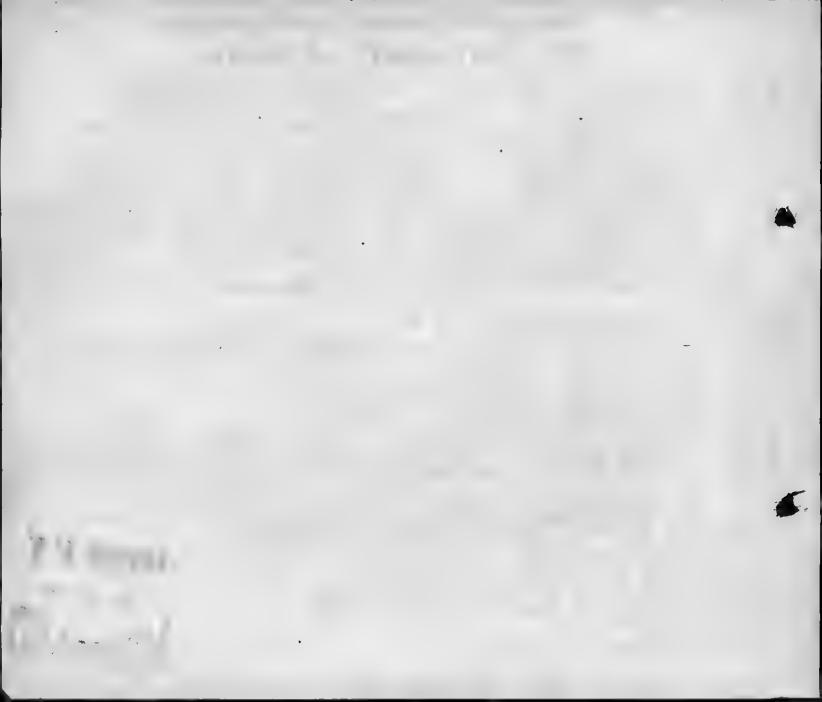
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2618

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Items 11.12 Film@195 1-6-56 e	IFICAT	E OF L	JEA	· n	Reg. Dist. No.	37
1. PLACE OF DEATH	<u> </u>	2. USUAL F	RESIDENCI	(HOME) OF	DECEASED	
county Balto.	MARYLAND	STATE	Md.	COUNTY	- Ba	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If ou			end give neerest low	n)
OR end give naerest town] TOWN Tuthurville, i.d.	(in this place)	TOWN	Balti	nJ ^m d		
HOSPITAL OR INSTITUTION OR STREET ADDRESS College handr Num	rsing Home	STREET ADDRESS	4 Char	(If rure) s	ive location)	*
3. NAME OF (First) (N	liddle)	(Last)		4. DATE (Me	onth) (Dey)	(Year)
(Type or Print) HINTETTA	STEVENS	MILLS		OF DEATH	Mar. 20	5, 56
5. SEX 6 COLOR OR 7. SINGLE, MARRIED	8 DATE	OF BIRTH	9.	AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS.
female Whit (Specify) 1121	riled Supt	. 9, 1888		67 yrs.	Months Deys	Hours Min.
	OF BUSINESS NDUSTRY	II. BIRTHPLACE (SI	tate or foreign	country)		EN OF WHAT
retired) housewife at hor		UnWhilahila	7 507	timore. A	J. Sou	NIKT? Lu
13. FATHER'S NAME	.104	14. MOTHER'S		WE	Ua. L.	
taknown Stevens		Carrie	Hurl oak			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.		MANT & ADD			
(Yas, no, or unk.) (If Yes, give wer or dates of service)		Wr. R	กหโลทส์	v Milla	-L Chancer	mr Sauare
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CI	RTIFICATION	0	/	IN'	FERVAL BETWEEN
IMMEDIATE CAUSE (A) LEADING TO BEATH	dral Rot.	Schoolin	- l'en	etral 1	Atom.	SET AND DEATH
ANTECEDENT CAUSE(S) DUE TO	1///	1 -	()		1/64/17	1007
DISEASES OR CONDITIONS, IF ANY, (B)	a. Henril	11916			<i>'</i>	/
STATING UNDERLYING CAUSE LAST, DUE TO	12 . AH	Octob .	+-			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	13(3) (-)	47/01N	104	100		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	holtier a stage	-Colma	?			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS O	F OPERATION					20. AUTOPSY?
					YE	S NO
216. ACCIDENT WAS UNDERLYING 1 216. PLACE (Home, OR CONTRIBUTING 1 CAUSE OF DEATH OF INJURY streat, off (IF EITHER, NOTIFY MEDICAL EXAMINER)	ferm, factory, ica bldg., atc.)	21c. WHERE DID INJU	URY OCCUR?	(City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21s. I White M. at voters	NJURY OCCURRED Not white at work	211. HOW DID INJU	URY OCCUR?			
22. I hereby certify that I attended the deceas	ed from VIATO	4(475)	10 /W/C	1 2 6105	, that I last so	ou the deserced
alive on						
SIGNATURE /	nai dodii occorrod	And	APPRE	SS (Street, city, to	mu ⁿ eteje) . . daja zigied 900	PATE SIGNED
Waller A Bushier	A, D,	1101 0	F Bu	156	6. 1/2 2	241
23. BURIAL, CREMATION, DATE THER OF REMOVAL (SPECIFY)	NAME OF CEMETERY	OR CREMATORY	l l	OCATION (City, to	n, or county)	(Stata)
Burial 3/29/56	Druid H	lidge vem.		Pikes	sville, Ad	1.
242 FREC'D-BY REGISTRAR REGISTRAR'S SIGNATURE	0		RECTOR'S SE		ADDRES	
DATE TIL	cheen	ZNM.	4. In	nuces y	Sould -	Rally! 6



	1			
	rifficate has been signed by the attending physician and car sitely filled in by inneral a whor.	ss the burial-transit permit. Then please remave carban papas: "Tages 1 and 2 shauld be filed with	on, ar remaval, and in any event within 72 haurs after death	
	ed by	ermit.	לחם ר	
ign.	en sigi	nsit p	and ir	
physic	nas bei	rial-tra	naval,	
Buip	d e lo	e bur	Ir ren	
Ji er	rtifi.	as th	m, c	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2619 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) a. STATE b. COUNTY ALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? REGUEOD YES INO IN $\omega o o$ First Middle 4. DATE Yeor dhl 04714 DEATH March 1956 1200 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 17 8. DATE OF SIRTH Months Days WIDOWED IT DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) endir Radio U 5. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TRANK IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." ONSET AND DEATH PART I. DEATH WAS CAUSED BY: WMJ. IMMEDIATE CAUSE (a) DUE TO arcinoma Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO W 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) While Not while of work at work p. m. March 28, 1956 that I last saw the deceased

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month. Hour a. n.

a. COUNTY

3. NAME OF

SHEET

5. SEX

DECEASED (Type or print)

21. I certify that I attended the deceased from

and that death occurred at

P. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL SIGNATURE

1495VIIIe

PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR

24b. REGISTRARYS SIGNATURE

15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2620 CERTIFICATE OF DEATH

Reg. Dist. No. 38 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND STATE COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corposite limits, write RURAL end give nearest town end give http://ei town (in this place) OR TOWN TOWN HOSPITAL OR STREET give location) INSTITUTION OR **ADDRESS** STREET ADDRESS 3. NAME OF (Middle) (First (Last) (Day) (Year) DECEASED OF (Type or Print) DEAT COLOR OR SINGLE, MARRIED OF BIRTH DATE AGE last birthday IF UNDER TYEAR IF UNDER 24 HRS WIDOWED DIVORCED RACE Months Days Hours Min. 10e, USUAL OCCUPATION (Give kind of work KIND OF BUSINESS BIRSHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if me 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT & ADDRESS (If Yes, give war or dates of service) (Yes. no. or unk.) 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES | NO 21a ACCIDENT WAS UNDERLYING 21c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Home, farm, fectory, (County) (State) OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY straet, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED 211. HOW DID INJURY OCCUR? While Not while at work at work 19.56 ..., to 19.5. that I last saw the deceased alive on... ..., and that death occurred Q.M. from the causes and on the date stated above SIGNATURE ADDRESS (Street, city, town, stete) DATE SIGNED M D BURIAL, CREMATION. NAME OF CEMETERY OA CREMATÓRY LOCATION (City, town, or county REMOYANT-(SPECIEY) 28. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

this this

After Ö CODY

third after

hours

72 hour

within

registrar by the t

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completely

physician death 9.5

attending that

by

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DIRECTOR:

FUNERAL

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certificate has been executed death certificate assembly should 1150 t-55 10M

fransit a physician.

filed

24 hours



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A15C 1-55 10M

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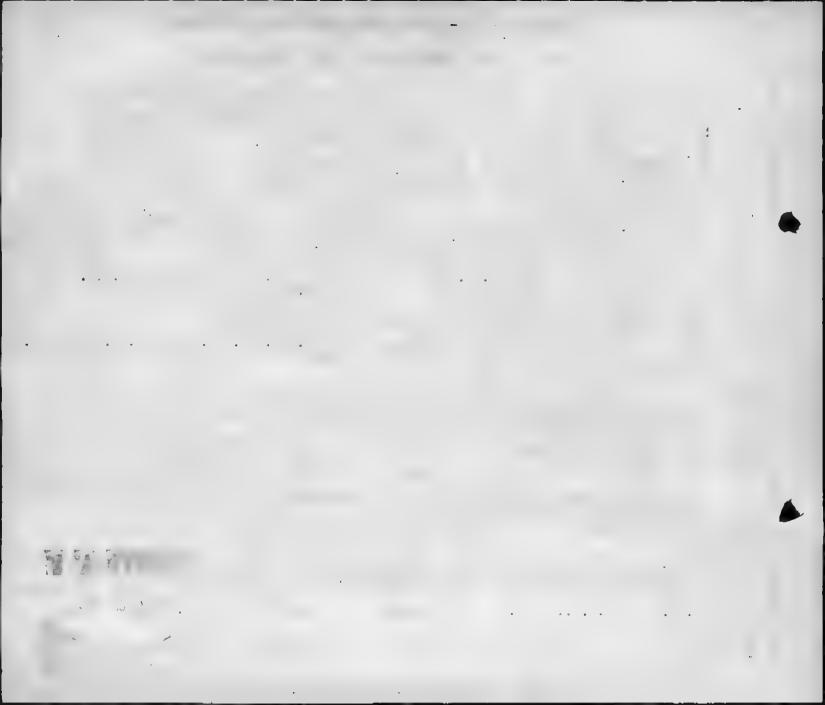
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2623 CERTIFICATE OF DEATH

02610

Reg. Dist. No.44

1. PLACE OF DEATH			2. USUAL RESIDI	NCE (HOME) OF DE	CEASED	
county Baltimore	MARYL	AND	STATE Maryl	and county	Anne	Arundel
CITY (If outside corporate limits, write RURA OR and give nearest town) TOWN Fort Howard	LENGTH OF 290 1	STAY Con	CITY (It outside cor OR TOWN Sever	porate limits, write RURAL er	d giva naare	st fown)
Hospital or Institution of STREET ADDRESS eterans Admi	nistration Hos	spital	STREET ADDRESS Route	#2 Box 128-		
3. NAME OF (First)	(Middle)		(Last)	4. DATE (Moni	•	(Day) (Year)
(Type or Print) CHARLES		MYI		DEATH M		1 1,56
RACE	single, married, widowed, divorced, (Specify) Married	Februa	ery 2, 1882	9. AGE last birthday	Months	Days Hours Min.
10a. USUAL OCCUPATION (Gve kind of work done during most of working life, even if retired) Soldier- Retired	10b. KIND OF BUSINESS OR INDUSTRY U. S. ATTILY		I. BIRTHPLACE (State or for Louisville,		U.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		-	14. MOTHER'S MAIDE	NAME		
Frank Myers			Alice Devi	ne		
15. WAS DECEASED EVER IN U. S. ARMED FOR			17. INFORMANT &	ADDRESS		
Yes, no, or unk.) Was give wer or detes of	service)	Carried and a second	- Clin.Rec.Y	et.Adm.Hospi	tal,Ft	Howard, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADIN		DICAL CER	TIFICATION			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	CEREBRAL THR	OMBOSTS	WTTH TEET H	EMTPLEGTA		UNKNOWN
ANTECEDENT CAUSE(S) DUE 1	10			THE AND VILLE		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE T	GENERALIZED	ARTERIO	SCLEROSIS			UNKNOWN
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	TING					100
190, DATE OF OPERATION 196, MAJ	OR FINDINGS OF OPERATION					20. AUTOPSY? YES NO E
	PLACE (Home, ferm, fectory NJURY street, office bldg., etc.		ic. WHERE DID INJURY OCC	UR? (City or town)	(County	r) (Steta)
21d, TIME OF INJURY (Month) (Day) (Year)	While - Not	RRED 2	11. HOW DID INJURY OCC	UR?		
22. I hereby certify that attende						
SIGNATURE FILL	2000\$ and that death of	occurred at		causes and on the d		above.
F. G. DTCKEY M. D. Chie. 23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THER	-/	EMETERY OR C	REMATORY	RT HOWARD, M. LOCATION (City, Iown		D 3/2/56 (State)
Removel, July 1/1/1	Arling Arling	rton Nat	cional Cemete			ginia DDRESS
DATE March 7, 1906 Dan	wson L. La	rler	If Holing V.	to; 19th4	Bilon	is Vitt
	R. V. Singleto	n Funer	al Home, Gle	n Burnie, Mar	ryland	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2516

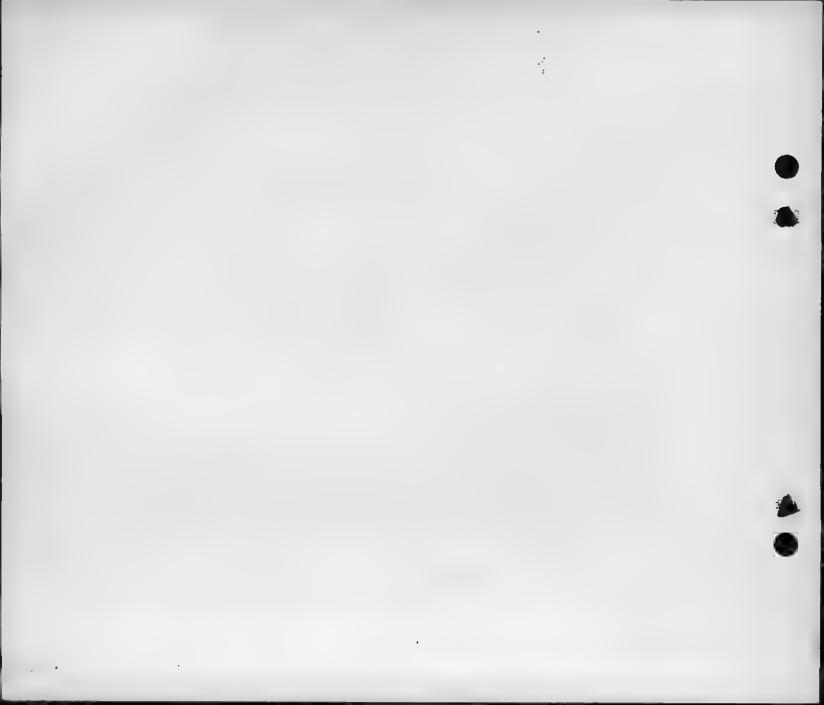
CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	1.5
MARYLAND MARYLAND	STATE MARYLAND COUNTY /Jallimone	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town) OR	
OR give nearest town (in this place) TOWN HOSPITAL OR	TOWN DUNGGIH 22	
	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 300 Sollers POINT READ.	ADDRESS 300 Sollers HOINT ROAD	
3. NAME OF (First) (Middle)		
DECEASED A LACE CONTRACTOR OF THE PROPERTY OF	OF In	10/
14376 01 111111	S. DATE OF BIRTH 9. AGE last birthday II under I	18 195 6
WIDOWED DIVORCED.	Months (Days Hours Min.
(Specify) Widowed	Splenber 12 187/ 84 yrs. 6	6 16 30
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
HOMSEWISE	1 Charles County, Mungland	4.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Wavid BREER		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	7. INFORMANT AND ADDRESS	
(Yes, nn, or unknown) (If yes, give war or dates of	MRS. SGRGH THEAT WILLIAMS 300 Sollers	POINT Pol.
18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
		OHBEL AND DEALS
Immediate cause (a) UREMIQ		40348
Antimodate Commod	*	- ()
Antecedent cause(s) Dispuse of conditions if any (b) Broncho - PA	DUMANIA	lance
Diseases or conditions, if any, (b)		
stating the underlying cause last		2 11.19
(c) Hepatitis		3 WRS
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20, AUTOPSY?
		Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!	
While at -Not While		
INJURY - m. Work At work	1	
22. I hereby certify that I attended the deceased from Jon. 3, 1950., to Mach 18, 1956., that I last saw the deceased		
alive on MGRah 18, 195 b, and that death occurred at 3 P. m., from the causes and on the date stated above. ADDRESS DATE SIGNED		
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
St. Vien D. Hado m. D. 14 DWAK AVENUE WILNOWIK 22 MARYLAND MARCH 18, 1456		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)		
REMOVAL (Specify)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Charles R. Law 802-04 Madison Ave.		
DOUGH IN THE THE DESCRIPTION AVE.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



ARYLAND S	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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03740

	2624		CERTIF	ICA'	TE OF DEATH	1		Reg. Dist.	No. 4	0
1. PLACE OF DEATH o. COUNTY	altimore		MARYL	- 11	2. USUAL RESIDENCE (WHO O. STATE MERY)		lived If institution b. COUNTY	n Residence Balt	before admi	issian)
b. CITY OR TOWN RURAL and give Bradsh	(If autside carporate lim nearest town) LOW	ils, write	c. LENGTH OF STAY II		E CITY OR TOWN (IF o	utside corpor	ate limits, write RL	IRAL and giv	re nearest far	wn)
d NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,)	give street	address)		d. STREET ADDRESS				ON	A FARM?
3. NAME OF DECEASED (Type or print)	Willian		Middle H _e	11	Mason	4. DATE OF DEATH	Mari		Day	Year 19.56
5. SEX	6. COLOR OR RACE	WIDOW			May, 3, 1878		lost birthday) 77 yrs	Months D	YEAR IF UNI	
Tapo	rking life, even it refired	dane 10b.	KIND OF BUSINESS OR Farm	INDUST	Harfor o		Maryland		U.S	
13. FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME				
	Nason				Unknow	m				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wer or dote of		SOCIAL SECURITY NO.		ormani lenry Mason	Joj	pa, Harf		, Md	•
Canditions, If gove rise to couse (a), stating lying couse last	immediate DUE TO	0)	Pne. Stasis Cerebra	<u> </u>	paralysi hemorri				7 3	DEATH day
\$	AS UNDERLYING () G CAUSE OF DEATH				OT RELATED TO THE TERMIN			IN IN PART 1	PERF	AUTOPSY ORMED?
IJ (IF EITHER, NOTIF	RY Month, Day, Ye	ar 20d. It While at wark	Not while	t0e. PLAC facta	E OF INJURY (Home, farm, ry, street, affice bldg., etc.	20f. (City	or town)	(Cou	unty)	(State)
21. I certify to alive on	March 9 Villiam William A	. 12 . Ty	S G, and that a	Jeath a),	M, from	the causes as	nd an the	date sta	e decease led abave DATE SIGNE
REMINIALISES	WELL STA	,1956		ERY OR C	REMATORY	22d. LOCATI Lore	ON (City, town, or		(Sie Aary L'a	
23. FUNERAL DIRECTOR HOWER OK	MC COMES &	s Son	Abingdon	, Mai		BY REGISTR	AR 24b. REGIST	RAR'S SIGN	ATURE	met /

VS A15 (4) 15M 9/55

OSCEL OF RAY.

ę 1

VS A15 (4) 15M 9/55

	CLIK	HICA	IL OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH COUNTY		2. USUAL RESIDENCE DVING		on. Residence before admission)
L	KALTO, MA	IRYLAND	Md	b. COUNTY	64110
	b CITY OR TOWN (If ourside corporate limits, write RURAL and give negrest town)	AY IN 16	c CITY OR TOWN (IF ou	tside corporate limits, write R	URAL and give nearest town)
	CALCIVSVIILE ILCOM.	mo	BALI	MONE	3V01.4 1
1	d. NAME OF HOSPITAL (If not in haspital, give street address)	,	d STREET ADDRESS	3 . -	e. IS RESIDENCE ON A FARMS
7 1	Spring (-vove Haspita		3/15 6	LIFMONI	AUE YES NO E
3.	NAME OF First Midd	dle	Lost	4. DATE Mon	
L	(Type or print) CHARLES F	/	UEUS	DEATH 3	24 1956
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	LINE L	DATE OF BIRTH	9 AGE (in years lay birthday)	Months Days Hours Min
100		CED 🗍	5-23-10	071 66 m	
100	2. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working lute, even if retired)	OR INDUST	100.	. 1- 1	12 CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME ADAM	-	14. MOTHER'S MAIDEN N	ME M. CL	
	(TOHA) NEOS IS		2 00(2)	SE WOL	FF
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY To the property of the property o	NO. 17. IN	FORMANT	Addr.	en (1/9)
	s, no or unknown) (If yes, gave war or dates of service) NONE	- HO	Sp. Reed, di	AU/Neuss-	5-26 Ochridge Bd.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and ([c).]	1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ARD	LAZ FA	-ILURE	ONSET AND DEATH
	", rock of DUE TO	,	j	1	, ,
		sleve	ofic care	dio-Vaseui	ar disease
	gave rise to immediate cause (a), stating the under-	1,		1. 2	1 desident
_	lying cause last. (c) [1/17h pc	Imo		ng-ustloh -	
Į į	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT 1	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(d) 19 WAS AUTOFSY PERFORMED?
Įξ	pheumonitis; VII C	-0W	er long		YES NO D
L CERTIFICATION	206 ACCÉENT WAS UNDERLYING [] 206. DESÉRIBE HOW INJURY OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED	(Enter nature of injury in Pa	ort I or Part II at Hem 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have a. ft. While Not while	20e. PLA	E OF INJURY (Hame, farm, ary, street, office bldg., etc.)	20f. (City or lown)	(County) (State)
ME	p. m. 19 at wark at work				
П	21. I certify that I attended the deceased from	-23	- 1956, to 3	- 24- 195	Sthat I last saw the deceased
П	alive on 3 - 2 4 - 19 5 6, and the	at death			nd on the date stated above
П	ACTUAL VOG. 1 C CO		CL S A	DDRESS (Street, city or town,	DATE SIGNED
П	SIGNATURE HOUSE E Educated	M M	o. Jaring C	rue strops,	Catruoulle, In
	NAME (TYPE) DAVIDE, EDWARD	SN	p. Spring	Grove H	asp, 3-24-56
224	BURIAL, CREMATION, 226. DATE THEREOF 225. NAME OF CE	METERY OR	CREMATORY	22d. LOCATION (City, lawn, o	r county) (State)
Z	30x/a1 5/21/16 /200	um	ore .	13allime	2c-111.a.
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	9/03	240. REC'D	BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
_	su u u /1/1/1/0000 -/6810.	1101	lle all one 1 D	97 1056	, 6. Harry
	(" / A / F)	10 4 14 1	6'



MAR	YLAND	STATE DEPARTMENT	OF HEALTH-BALTI	MORE, 18	02613
9	2626	CERTIFICATE	OF DEATH	Rea	Dist. No.

L		,	402	O CERTI	FICA	E OF DEATH		Reg. D	ist. No.	
1.	PLACE OF DEATH				1 2	. USUAL RESIDENCE (Whe	re deceased live	ed. If institution: Reside	nce before admissi	on)
	a. COUNTY	Baltimore	4	MARY	LAND	o STATE Maryla	and	6 COUNTY Re	lto. City	*
		(If outside corporate		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au				
4	RURAL ond give o	tonsville		28yrs.lmi	-h		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ore City	
-	A NIAME OF HOSE	ITAL 416 and in house	ol, give stre		DIT &	d. STREET ADDRESS		Darelin	e IS RESI	DENCE
1	OR INSTITUTION		OVE	STATE HOSP:		2531 Garre	ett Aver	aue 3vol	YES ON A	FARM?
3.	NAME OF DECEASED		First	Meddle		last	4. DATE	Month	Day Y	egr
	(Type or print)	George		F.	(sterman	OF DEATH	March	15 1	9 56
5.	SEX	6. COLOR OR RA	CE 7. MA	RRIED NEVER MARRIE	D B	DATE OF BIRTH 1002	9. A		R TYEAR IF UNDE	
	male	white	WIDO	WED'S DIVORCED	A C	Unknown	le le	ost birthdoy) Months	Days Hours	Min
10.	. USUAL OCCUPAT	ION (Give kind of w	ork done 10	b. KIND OF BUSINESS OF	R INDUSTR	11. BIRTHPLACE (Stole o	r foreign countr	y) 12. C	TIZEN OF WHAT	COUNTRY?
1		iffer	med)	-		Marylar	nd		U.S.	A.
13.	FATHER'S NAME	Adam	Det	erman		14. MOTHER'S MAIDEN NA	AME A A	h = 1 2		
	unki	100,100	0070	C1 //1-1//		ımler		DATA B	ohl	
15.	WAS DECEASED EV	ER IN U. S. ARMED	FORCES? 1	6. SOCIAL SECURITY NO.	17. INFO	RMANT		Address		
1	Intenoun	fit har' illiam wot or oute	I dt service)	no in a	Rec	ords of Spri	na Great	e State Ho	enital	
		ATH [Enter only on	e cause per	line far (a), (b), and (c).			ME MI III		INTERVAL BET	WEEN
	PART I DE	ATH WAS CAUSED I	BY:	Arteriose	lenti.	c heart disea	0.50		ONSET AND	
	400,0	r 1	E TO	Az oct Topo.	TOOL	o near o disoa	0.00		300	
	Conditions, if			Generaliza	ed ar	terioscleros:	is		tt	
	gove rise to	immediate ((b) E T O	· · · · · · · · · · · · · · · · · · ·						
	cause (o), stating lying cause last	THE UNDER-								
Z			(c)	S CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CO	NOITION GIVEN IN PA	PT 1(a) 10 WAS A	UTOPSY
ATIC				Pulmonary em			THE DISERVE CO		PERFO	RMED?
FF	20g, ACCIDENT W	AS UNDERLYING				iver. Enter nature at injury in Pa	net I or Poet II o	f item 18 \	163 (6)	NO 🗌
L CERTIFICATION	OR CONTRIBUTING	G CAUSE OF DEAY MEDICAL EXAMIN	ATH					, riam tang		
MEDICAL	20c. TIME OF INJU			INJURY OCCURRED	20e. PLACE	OF INJURY (Hame, form, y, street, office bldg., etc.)	20f. (City or to	own)	(County)	(State)
ME	p. m.		19 Of w	le Not white ork of work	700-01	is and all delines and Bit aren's				
	21. I certify t	hat I attended	the dece	ased from Mar	ch 3,	1956 , to	March 1	5, 19.56 ,that I	last saw the	deceased
П	alive an	March 15	12	56 , and that	death a	curred at 10:10	M, from th	e causes and an	the date state	d abave.
П	1	7 8-10	/.	1 2 2				city or town, state)		TE SIGNED
	SIGNATURE	Meyne	- CC	ullam,	M.C	SPRING GRO	OVE STAT	E HOSPTTAL	3-16-	56
П	PHYSICIAN'S	CII	.nical	Director		Catons	ville 2	8, Maryland	1	
L	NAME (Type)	T. Glyne	Will	iams, M. D.				, , , , , , , , , , , , , , , , , , , ,		
220	BURIAL CREMATION	ON, 226. DATE THE	REOF	22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCATION	(City, town, or county)	(Stote) ,
1	UYIAL	13-17-	-1956	LOUDON	PA:	- K	1341	TIMOra	, n	12
23/	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	,	249 EC'D	BY REGISTRAR	246. REDISTRAR'S S	SNATURE	
3	Henn 7	risers	52	oy York	R	opperan	ch 19.19.	6 0.6.2	erryn	
-	¥								//	

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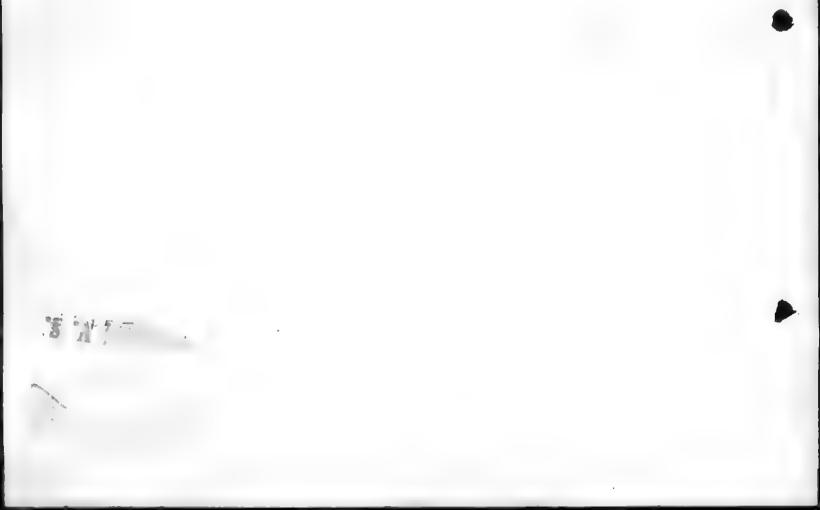
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IN SEL

Leonard J. Ruck, 5305 Harford Road #14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	Ę.			≥ 2627	7 C	ERTIFICA	AT]	E OF DEA	TH		Reg. I	Dist. No.	43
	and leg	1. (T	NAME OF DECEAS							2. DATE OF	Man	10 10	5.6
. 4	된당				Anna E	. Payson		4. USUAL RESID	THEF /W			10, 19	
Į. ,	PEN.	A.	Baltimore City, I	Maryland	Etim	one Counte	7	A. STATE	yland	B. COL	JNTY	bef	ore admission
E 1	H FO		FULL NAME OF	(If not in hospita	l or institu	ition, give street add loc	ress or ation)	c. CITY OR TOWN	47	outside corpo	rate limi	ts, write RU	RAL and give
	POINT h clea 3) DA	11/	ISTITUTION	6129 1	Marola	en Avenue		Bal	timor	2	0		township
-				0127			Yrs.	D. STREET ADDR	ESS (lf r	ural, give loc	ation)		
	BALL f dea	C.	Length of stay in	Baltimore			Mos. Days	4221 B	erger	Avenue	#6		
	A B			LOR OR RACE		E. MARRIED.	Specify)	8. DATE OF BIRTI		9. AGE (In	years	l under 1 Year onths Days	Hours Min.
	USE auses IN T	f	emale	white		narried	Jy-com y /	Oct. 2, 1	896	59			
_	Es d		A. USUAL OCCUPATE		10s. KIN	ID OF BUSINESS		11. BIRTHPLACE	State or fo	reign country	7)	12. CITIZ	EN OF
1	the WITH		Housewife	g mo, even it restrout		11100	01111	Baltimore, 1	Maryla	ind		USA	
7	THE S	13	FATHER'S NAME	*				14. MOTHER'S MA	IDEN NA	ME			
** **	K-DO write		Joseph St	trunge				Magdalen	e Beel	at			
	INK OB	1:	3. WAS DECEASED EVE	R IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT			- A	DDRESS	
	ACK INF	2.			,	02001111		Mr. Willia	m Pay	son, 42	21. Be	erger A	venue
	W . 7		18. 170 X			CAU	JSE ·	OF DEATH					AND DEATH
	TA TA		DISEASE OR	CONDITION I		Y	0			-/			
	OR BLUE-BI Physicians: JOF VITA			tean the mode of	dying, e		عي	rebial M	wa	varia	***********	**********************	
	hy OF		injury or compl										
	W P		ANTE	CEDENT CAUS	ES		/			is the	**play		,
	A P. ACI.	7	DISEASES OR O	CONDITIONS, IF	ANY, GIV	(B)		accisona	Light		40		Territoria de la comoción de la como
	r BLA pplied	HION	RISE TO THE ABOUNDERLYING	OVE CAUSE (A)	STATING				,				
	THIS IS A PREMANENT BLACK arefully supplied.	CA				(C)	*** *******	4-54.044.01.0474.004.014.014.014.014.014.014.014.014.01			*************		
	H PERMANEI carefully S VITH THE	TIFIC		11									
	erw efu	F	TO THE DEAT	H BUT NOT R	ELATED								
	Care	G	IF OPERATION WAS	RELATED TO		E OF OPERATION	1	98. CONDITION FO	OR WHIC	H OPERATI	ON	20. AL	JTOPSY?
	- P	9	PART OR PART I			~		VAS PERFORMED		Sale	•	YES	No Zi
	OR VI	2	OF INJURY	(Day) (Year)	(Hour)	WHILE AT WHE	ÖT WHII		טייו שוט	DIKT DECE	.1		
			00 T	4 (7) (1) 7	m		AT WOR						
	TYPE, (formati MUST		22. 1 certify the	at (1) (this i	ospitai, Z tha	t (I) (we) last s	iecea: sw tl	sed from he deceased alive	on	· · · · · · · · · · · · · · · · · · ·		13	10
	SE j							and on the date st			,		
	and the First		23A. SIGNATURE	27			238	ADDRESS			23	C. DATE S	IGNED
	PLE Lem of FICA		ATTENDING PHÝS. S		TOR D	M.D.		2100 100	a,	red -		2 -,	ps
	一年岂		AA. BURIAL, CREMA-	248. DATE			METE	RY OR CREMATORY	24D. LC	CATION (C	ity, town	or county)	(State)
	very		on, REMOVAL (Specify) Burial	Mar. 14, 1	1956	Moreland	Mer	norial Park	В	altimor	e, M	aryland	1
	Pri	-				// //	-						



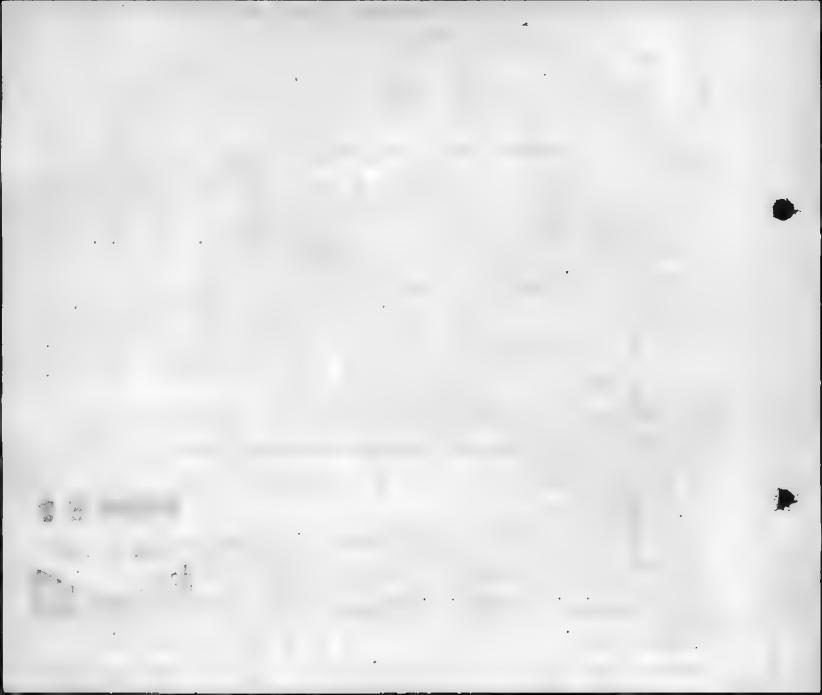
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APA S A V

VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
TIPELS I BENEFIT TOP	, ,,,,,,,	DEI PROMIDITI	VI.	HEALTH DALINGKE,	10

		26	29	CERTII	FIC/	ATE OF E	DEATH	I		Reg. Dis	.02	61	5
	PLACE OF DEATH COUNTY	Baltimore		MARYL	AND		DENCE (Who	ere deceased liv	ed If institute b. COUNTY		t imo		ion)
١.,	CITY OR TOWN RURAL ond give		its, write	e. LENGTH OF STAY I	N 1b	11		stown	limits, write R	URAL and g	ive negre	st lawn	1
	OR INSTITUTION	PITAL (If not in hospital, of 639 Mail		address)		d. STREET A	oddress 9 Mai	.n				ON A	DENCE FARM? NO 2
1	NAME OF DECEASED (Type or print)	Hannah	n Ma	y Pfeff	er	Los	st .	4. DATE OF DEATH	larch		Day		1956
5. \$	Female	6 COLOR OR RACE White	7. MARI	RIED NEVER MARRIER ED DIVORCED		8 DATE OF BIRT March			AGE (In years ost burthday)	IF UNDER Months		UNDE	R 24 HRS, Min
	Hous	FION (Give kind of work prking life, even if retired EW110	done 10b.	KIND OF BUSINESS OF	INDU			or foreign count	* *		U.S.	WHAT	COUNTRY
		iam A.Rus						AME Marti	Ln				
15. (Yes	WAS DECEASED EN	/ER IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECURITY NO None		Russel	l Pfe	ffer,	Add Reiste		wn,M	d.	
		EATH [Enter only one co EATH WAS CAUSED BY IMMEDIATE CAUSE (C DUE TO	, C	ne for (o), (b), and (c).]	ccl	Lusion					INTERV ONSET	AND	TWEEN DEATH Ln.
	Conditions, if gove rise to cause (a), statin lying couse lost	ony, which immediate g the under-	Hy	pertensiv C-V Di			ic Ar	terios	clero	tic	11	yr	· e .
CERTIFICATION		THER SIGNIFICANT CON	none		TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE CO	ONDITION GIV	'EN IN PART		PERFO	NO 📑
R 1	200. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING DIG CONTROL CAUSE OF DEATH OF MEDICAL EXAMINER	20b, DES	none	CURRE	D. (Enter noture o	of injury in P	ort 1 or Port II (of item 18.)				
MEDICAL	20c. TIME OF INJU Hour a. p. p. m	none 10	or 20d. II While of wor	Not white no	20e. PL for	ACE OF INJURY (closy street, office	Home, farm, e bldg., etc.	20f. (City or none		(C	ounly)		(State)
	21. I certify alive onACTUAL SIGNATURE	that I attended the 2-22-56		ed from 3-8- , and that	death	accurred at	11:30	Rd F	ne causes o	slate)	e date	state	deceased above the signed
220	PHYSICIAN'S NAME (Type) BURIAL, CREMATI	ION. 226. DATE THERES		8, M. D.	TERY O	OR CREMATORY		22d LOCATION	I (City, lown, o	of county)		(State)
E	PENOVAL Specif	Mar.19,		Luthern					ersto			farore	.,
		ne & Sons	,Rei		, Md	i.	1 -	19-56	100	14)	51	ne	



VS ATS (4) TSM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

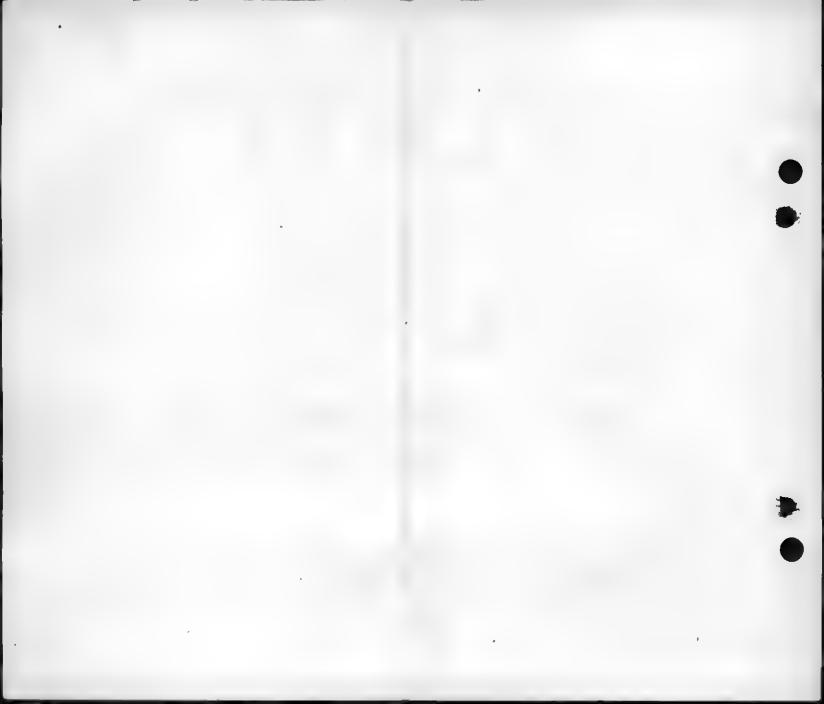
2630

CERTIFICATE OF DEATH

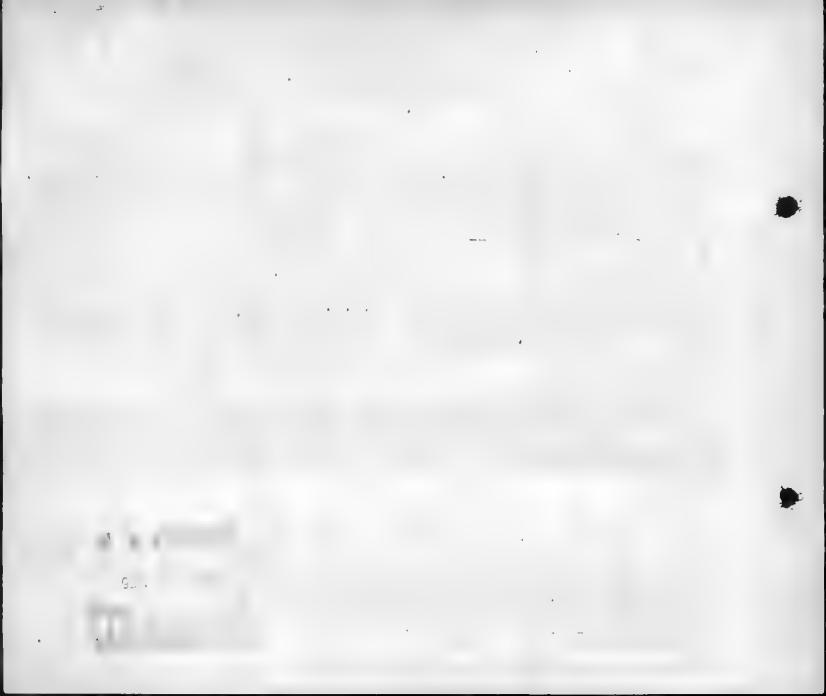
1. PLACE OF E	49 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MAR	rland	2. USUAL RESIDENCE	1	d lived. If instituti	on: Residence I	before admission))
h CITY OR	TOWN (If outside corporate limits,			c. CITY OR TOWN	regilacio	A Limite made 0	INDAL and also		
, RURAL or	d give neggest town)	1 111 1111 8	mo	^			UKAL ONG GIVE	nedress town)	,
	F HOSPITAL (If not in hospital, give			d. STREET ADDRES				e. IS RESIDE	T. CE
OR INST	TUTION	. Oh / .	,		0			ON A FA	ARM?
3. NAME OF	Reserved St				Doyd			YES N	
DECEASED (Type or pri	First MARY	Middle	-	HERSON	4. DATE OF DEATH	Mari		Day Yeo 24 19	56
s. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARR	ED B	. DATE OF BIRTH		9 AGE (In years lost birthday)	IF UNDER TY	EAR IF UNDER 2	24 HRS
Fixe	rate white v	VIDOWED DIVORCE	D 🔲	7-12-06		JOST Diringoy)	Months Da	iys Hours	Min
100. USUAL OF	CUPATION (Give kind of work do	ne 10b. KIND OF BUSINESS (OR INDUST	TRY 11. BIRTHPLACE (S	tale or foreign o	ountry)	12. CITIZE	N OF WHAT CO	DUNTRY?
	at Rosewood			mary	land	,			
13. FATHER'S N	AME			14. MOTHER'S MAID	EN NAME				
200	ward Liers	bol		marga	rel Fa	rell			
15. WAS DECE	ASED EVER IN U. S ARMED FORCE	57 16. SOCIAL SECURITY NO). 17. IN	FORMANT		Add	ress Rosa	word	
no	fit her fine and or other or serv	w.el	No	spital K	-a.carl	ds a	wings	mille	ma
18 CAUS	OF DEATH [Enter only one cous	e per line for (a), (b), and (c)	-}					NTERVAL BETW	EEN
PA	RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Cardia fail	ure:	Cor Pulmer	ale		,	ONSET AND DE	HIA:
* *	X DUE TO								
	ns, if ony, which) (b)_	Eright's Di	sease	s. seleroti	c. hime	rtensive			
	stating the under DUE TO								
lying car	se lost. 202X (c)_								
Z PA	IL OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PART L	o) 19 WAS AUT	COPSY ED2
3	Pulmonary Tu	uberculosis						YES IN	
20a ACCII OR CONTI	DENT WAS UNDERLYING 20 BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINERS	Ob. DESCRIBE HOW INJURY C	CCURRED.	(Enter noture of injury	y in Port I or Par	t It of item 18.)			
	OF INJURY Month, Doy, Year	20d INJURY OCCURRED	20e. PLAC	CE OF INJURY (Home,	form. 20f. /Cin	r nr town)	(Cour	nbel	(Stote)
20c. TIME (o. m.	While Not while of work O	focio	ory, street, office bldg.,	etc.)	0. 101119	1500	1173	(31010)
	p. m. 19		1	(-1 -	202				
	tify that I attended the d								
alive on	Mar 20	, 19. <u>5</u> (2 ₂ , and that	death	accurred at					
ACTUAL	21. 2 B O	. /		0	. '	treet, city or town,	1101e)	3/ /	SIGNED
SIGNATUR	Misla B. J	Thus	M	D. Reserve	LAS SLO	e w.	ch	124/3	56
PHYSICIAN NAME (Ty	I'S He)					Mille Mille Mak John who maps hips sign sigh sign says sign says			
220 BUR.AL. C	REMATION, 226. DATE THEREOF	22c. NAME OF CEM	ETERY OR	CREMATORY		TION (City, sown, o		(Stote)	,
Burn	Mar 29-	56 Rosuro	001			vengs 1		Mod	
23 FUNERAL D	IRECTOR'S SIGNATURE	ADDRESS		/ 24a. I	REC'D BY REGIS	TRAR 246. REGIS	STRAR'S SIGNA	ATURE	
J- 2	Cim fond K	ustustour	The	DATE	3-29-	S6 N/0	in B	Elm	2.

S .V .

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, #2	617
2631 CERTIFICATE OF DEATH Reg. Dist.	No
COUNTY Baltimore '9 MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN HOSPITAL OR INSTITUTION OR 2514 Sycamore Rue STREET ADDRESS 2514 Sycamore Rue 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY (If outside corporate limits, write RURAL and OR TOWN STREET ADDRESS 2514 Sycamore Rue CITY (If outside corporate limits, write RURAL and OR TOWN STREET ADDRESS 41. (If rural, give location)	give nearest town)
3. NAME OF DECEASED: (Middle) POPE . (Month) (Day DECEASED: (Type or Print) OHN. 5. SEX: 6. COLOR OR WIDOWED, DIVORCED, WIDOWED, DIVORCED, (Specify) Married . KleC 24. 1905 50 yrs.	19 56
10a. USUAL OCCUPATION (Give kind of working life, every active the ultraver of the life of	COUNTRY? U.SA.
15. WAS DECEASED EVER IN V.S. ARMED FORCES 7 (Yes, no, or unk.); (If Yes, 8Me war or dates of 217-34-9038 James Pofe 2818 hodge Fig. 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	W Rel
Immediate cause (a) Acute myo cardial Failure - Antecedent cause(s) Cheronic Musocardetes	Suddew 2 ws
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition rausing death. IPa. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	14 yrs.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY OCCURRED OF OF INJURY Mylle at Not while Work Not work	Yes No No No STATE)
22. I hereby certify that I attended the deceased from	DATE SIGNED



MARYLAND STATE DEPAI	RTMENT OF HEALTH	I-BALTIMORE, 1	02618	R
2632 CERTIF	ICATE OF DEATH	1	Reg. Dist. No. 3/	W.C.
1. PLACE OF DEATH o. COUNTY Braltimore MARYL	II A STATE	nere deceased lived. If instituti b. COUNTY	on: Residence before admiss	ion)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	1 1b c. CITY OR TOWN (II c	outside corporate limits, write R)
X Woodlawn 8 Mos.	Woodl	awn	d'	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2005 Thaver Terrace	d. street address 2005 Thay	er Terrace	/ ON A	PARM?
3. NAME OF First Middle OFCEASED (Type or print) Adele G.	Potter	4. DATE Mon		rear 1956 .
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years jost birthdoy)	Months Doys Hours	
Female wide wide Divorced	10 10 10	13 XZ , m		Min.
10a. USUAL OCCUPATION (Give kind of work dare during most of working life, even if retired) HOUS -WIF -	INDUSTRY II BIRTHPLACE (Stole	ar foreign country)	12. CITIZEN OF WHAT	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN N			
Mortimer Dorsey	Sally B	· Crapater		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. [18] yes, give wor or doles of service?	17. INFORMANT	Add		
no none	Mrs.P.H. Boye	r 2005 Thay		(7)
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	- Day		ONSET AND	DEATH ~
DUE TO Cardioves cul	con of num		about.	20mm
Conditions if any which)	or disides.			
gave rise to immediate couse (a), staling the under-				
lying cause lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS A	UTOPSY
No.			PERFOI YES	NO Z
(IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in P	art I or Part II at item 18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2 Hour a. st. p. m. 19 at work of work	De. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	20f. (City or town)	(County)	(State)
Hour a. gr. 19 While Not while p. m. 19 at work all of work	xel.	'i		
21. I certify that I attended the deceased from.	28 , 192E, to 1	1 ALEKT 1956	that I last saw the	deceased
alive on March 5 , 19 0 , and that d	leath occurred at 1 3 0 f	_M, from the causes a	and on the date state	d above.
ACTUAL SHARING SHARING	MO. 9220	Sarry	state) Blue M	arch 10/
PHYSICIAN'S Walter S. Niblett				200
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETI Burial 3-12-1956 Cadar Ha		22d. LOCATION (City, town, o	r county) (State)
Burial 3-12-1956 Cedar H-				Md.
40/ 10/ 2 7.1	11 -10 0	BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE	-1
1. Howara Xuong 326/W.	NOTTH WE DATE S	10/06 /24. 7	Vm. C. Than	un



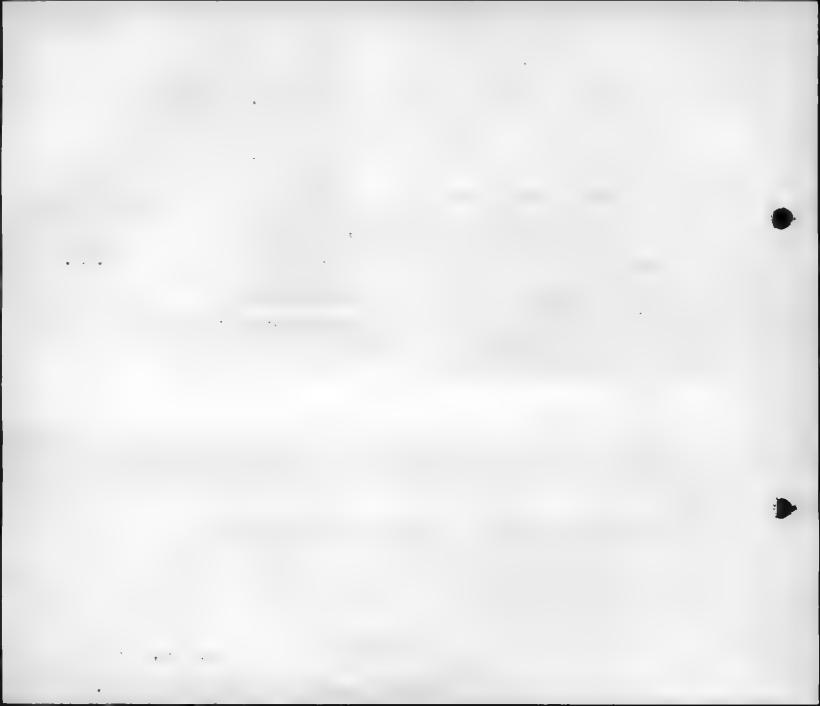
1			MARYLAI	ND STATE DEP	ARTME	NT OF HEALTH	1—BALTIMORE,	18	02619
			2622	CERT	IFICAT	E OF DEATI	4	Reg. Dist. N	· 44
Boge 4	1 P	LACE OF DEATH	timore	MAI	RYLAND	USUAL RESIDENCE (WOOD STATE	here deceased lived If instit b. COUN		fore admission)
rol or file	t		(f outside carporate limits, w	rite c. LENGTH OF STA	Y IN 1b		outside corporate limits, write	RURAL and give n	earest town)
fune bld	LX	Fort	Howard	133 Days		Baltir	nore		<i>, , ,</i>
by the	·	OR INSTITUTION	ITAL (If not in hospital, give s I Ins. Administra		,	d. STREET ADDRESS	Ruxton Avenue		on a farm? YES NO W
nt b	3. 1	NAME OF DECEASED	First	Widd	le	Last	OF		Day Year
n 24 filled		Type or print)	RTCHAI			PRATT	DEATH Marc		28 19 56
Pag.	5. S			MARRIED NEVER MAR		DATE OF BIRTH	9 AGE (In year last birthday	Months Days	Hours Min.
\$ C :	120.	Male	0010104	DOWED DIVOR		June 2, 1890	1 L65 BB/9	12 CITIZEN	OF WHAT COUNTRY?
court pope aoth	100	during most of wo	ON (Give kind of work done orking life, even if retired)						
ond ond r. de	13	Chauffer FATHER'S NAME	ur	Private fam	ily	West Kive	er, Maryland	U.S	•A
offe b	1	Alec Pr	~ * +			Winnie Pe	ot one		
physici move fours		WAS DECEASED EV	PER IN U. S ARMED FORCES		O. 17. INF	ORMANT		ddress	
	(Yes	Yes	It yes, give war or dates of service	Unk	C1	inical Recor	ds. Vet. Adm.	Hosp.Ft	.Howard.Md
ending ending years in this 72			EATH [Enter anly one couse					IN	TERVAL BETWEEN
o o de de		PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CONGRETIVE	HEART.	RATTHEE			UNKNOWN
The The		4001	DUE TO	CORONARY SO	CLEROS	IS			UNKNOWN
s the		Conditions, if							
gne	Н	gave rise to catse (a), stating	g the under- DUE TO						
red ican. is sit and	7	lying cause last	ther significant conditi	ONE CONTRIBUTION TO F	CATH DUT AL	OT BELLATED TO THE TERM	INIAI DISEASE CONDITIONI	TIMEN I IN I BADT 1/-1	TO WAS AHTOPSY
low bysic s bed s bed val,	VIIO	PART II. O	THEK SIGNIFICANT CONDIT	ONS CONTRIBUTING TO L	ZEMIN BUTTA	OT KEENTED TO THE TERM	MAR DISEASE CONDITION	STATES SELECT STON	PERFORMED?
The The hospital hosp	CERTIFICATION	20a. ACCIDENT V	VAS UNDERLYING [20b	DESCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I or Part (I of item 18.)		I I I I I I I I I I I I I I I I I I I
ndin icate ar r	CERT	OR CONTRIBUTION	IG [] CAUSE OF DEATH						
othe othe as the ian,	18	20c. TIME OF INJU	JRY Month, Day, Year	20d INJURY OCCURRED		E OF INJURY (Home, far		(Count	y) (State)
and	MEDICA	Hour o.m	10	White Not while at work	racto	ty, street, office bldg., et	1		
G ge and G	-		that cattended the de	ceased from Nove	mber 1	6 . 1955 to Ma	arch 28 19	66. transtatace	මෙමෙන්තපත්පන්නේ
Afriched			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	at the second					
TTE TTE TOR O De Deto			Ina calit	· KDAK	1.		ADDRESS (Street, city or lov		DATE SIGNED
A A A A A A A A A A A A A A A A A A A		ACTUAL SIGNATURE	(XCTCCX)	NE IVICK!	M.	D. VAH FYL.	Howard Md		3/29/56
AL OR toined I DIRECTORY OF PRIOR		PHYSICIAN'S				TATE TATE	מדור בדל אדוריות		2/20/55
SPIT.	220	NAME (Type)	TONATO D. TA	22c. NAME OF CE	METERY OF	VAL FUR	22d. LOCATION (City, fow	or county)	(State)
HOSPII 10y be r FUNER, 0ge 3 sl	440	REMOVAL (Specif				al Park Cem			rvland
5 5 9 ±	23.	FUNDAL DIRECTO	OR'S SIGNATURE	ADDRESS	DEMOT'1			GISTRAR'S SIGNAT	
VS A15 (4) 15M 9/55	0	Charles	R. Low per	uw. ison Aro. Bo	7+0 7	Ma DATE 3	31/56 hau	ionn d.	tarker
13/11/27/23	14					7			

àdV

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMOR	РЕ,	18	02	62	()
2634	CEL	STIRICATE	OF	TEATE	τ,	D	Disa	NT-	hap.	1

	N V 0 1	Neg. Dist.	A				
oly.	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:					
gib	COUNTY Baltimore MARYLAND	STATE Md. COUNTY					
and legibly	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY/If outside corporate limits, write RURAL a	nd give nearest town)				
nd	OR and give nearest town) (in this place) TOWN Reside I is the second	>*					
D ₂	HOSPITAL OR	STREET (If rural give location)					
clearly	INSTITUTION OR STREET ADDRESS	9001 Liberty Road	/				
cle	3. NAME OF (First) (Middle)						
뱎	DECEASED:	OF	Ony) (Year)				
death	(Type or Print) Kerry Frances Rainey 5. SEX: 16. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday 17 UNDER 1 Y	19				
Jo	RACE WIDOWED, DIVORCED.	Months D					
	Female White Widowed Aug 10	1868 87 yrs	CITIZEN OF MULAY				
E S	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, even if retired):		COUNTRY?				
30	13. FATHER'S NAME:		J.S.A.				
the	13. PAIMER S NAME;	14. MOTHER'S MAIDEN NAME:					
write the causes	Dalmona	Lena MoSweeney					
WE	IS. WAS DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS					
g.)	of service)	John Fatrick Rainey 9001 Liberty Road					
plea	18. MEDICAL CERTIFICATION						
Ω,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	11 . 1 6 . 1 3/	ONSET AND DEATH				
133	IMMEDIATE CAUSE (A) INTENTAL /	assigni allitude	40/24/2				
100	ANTECEDENT CAUSE (S)	0 111 1.					
Physicians	DISEASES OR CONDITIONS, IF ANY, (B)	I lie TYPER DEN	10 x yall				
Phy	STATING UNDERLYING CAUSE LAST DUE TO	/ / /	7				
	(c) If far affell Wilhall for Could						
tan	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
OC	DISEASE OR CONDITION CAUSING DEATH	*					
important.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20, AUTOPSY?				
			YES NO				
ecially	21A ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory. 21c WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)						
eab	210 TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?					
82	M. at work at work						
96	22. I hereby certify that I attended the deceased from Africal , 19 1, to Mach: 16, 19 26, that I last saw the deceased						
0.0 0.1	alive on Mul. 19 19 7, and that death occurred at						
ct	SIGNATURE	ADDRESS / / / PAT	E SIGNED /				
correct	M. AMAR & MITTELLUS M.	3.001 (Upna Rd - frilly.	1 - 3/11/20				
CO	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or	county) (State)				
	Burial Naroh 13,56 New Cathed	ral Baltimore, Mary	lend				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR TO	ADDRESS				
		macost 4600 Liberty Heights Av					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH

2635

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02622

Reg. Dist. No.....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore, MARYLAND	STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Town Town	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore,
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Presbyterian Home	ADDRESS 802 St. Paul St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
OECEASED Helen Mae	Richardson OF March 1, 19 56
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birtbday If under 1 year If under 24 bra
Female white WIDOWED, DIVORCED, (Speelfy) single	Nove 11, 1862 93 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
none	Harford Co. Md. COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William L. Richardson	Ann Thomas
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (H yes, give war or dates of service)	Mrs. Twilah Elliott Presbyterian Home
18. MEDICAL C	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
P	4
Immediate cause (a) Ulynnary Lu	fina, hypothere (cerminal) 5 days
Antecedent cause(s)	
Diseases or conditions, if any, (b)	Malla Ducare Impurum
giving rise to the above cause stating the underlying cause last	· H . · O ·
(c) Derule hang	is with arteresseleroses unevous
14. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No M
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
	Marcha de -
22. I hereby certify that I attended the deceased from	A., 1954., to. 1956, that I last saw the deceased
alive on 1. 29 ., 1956, and that death occurred at	63. A. m., from the causes and on the date stated above.
SIGNATURE: A / / (Degree of title)	ADDRESS , DATE SIGNED
(Ralling Manden MA)	606 Baltimore Ave. Towson, Md. Much 1 1/95
23. BURIAL, CREMATION DATL THEREOF NAME OF CEMET)	
PLEMOVAL (Specify)	(10000)
DATE REC'D BY AOCAL REGISTRAR'S SIGNATURE	rk Baltimore, Md.
TREG. DVICTI ALIT	John O. Mitchell & Sons Inc. 1900 Eutaw Pl.
1 fach 3 1700 11.00	1 com of wiconsti & sons inc. 1300 Edtaw Pi-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

TOB

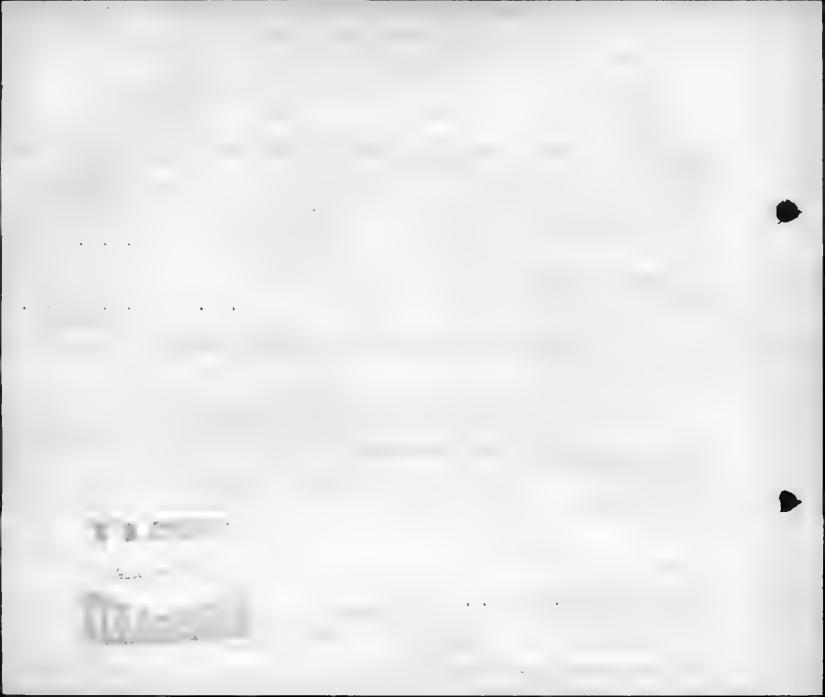


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICA	FF O	FDI	CATI
CERTIFICA	I R. W	r Di	74415

	263	6	CERTI	FIC.	ATE OF DEATH	1	Re	g. Dist. No.	× 44
1. PLACE OF DEATH o. COUNTY Baltimor	re		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Maryland		COHNTY	esidence before	e odmission)
b CITY OR TOWN (I	b CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town)			IN 16	c. CITY OR TOWN (If or	utside corporate lim			rest town)
	X Fort Howard				Crisfield	l		1000	
d. NAME OF HOSPIT	AL (If not in hospital, s	jive street	17 Days		d. STREET ADDRESS				ON A FARM?
	Administr	ation	n Hospital		243 State	Street			YES NO DE
3. NAME OF DECEASED (Type or print)	Fi		Middle	I	loss RIGGIN	4. DATE OF DEATH Ma:	Month rch	De ₁	Yeor 1956
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D	8. DATE OF BIRTH	9. AGE			IF UNDER 24 HRS.
Male	White	WIDOW	ED DIVORCE		March 9, 1893	63	birthday) Mo	onths Days	Hours Min
100 USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country)	1	2 CITIZEN OF	WHAT COUNTRY
Painter & S			Self Employ	red	Crisfield,	Marylan	1	U. S.	A.
13 FATHER'S NAME					14. MOTHER'S MAIDEN N	AME			
Seth Riggin	1				Mary Sterli	.ng			
15 WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. H	NFORMANT		Address		
Yes	WW I		18-14-2535	C1:	inical Records	,Vet.Adm	.Hospita	al,Ft.H	loward, Md.
18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (a), (b), and (c).	}				INTE	RVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	L	YMPHOSARCOM	IA II	NVOLVING LIVE	R AND LYM	PH NODE		et and death LKNOWN
.,	DUE TO								14.14.14.14.
Conditions, if o	ny, which) (b	d.							
gove rise to it casse (o), stating lying cause last.	mmediate (
PART II OTH	IER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONC	ITION GIVEN II	N PART 1(0) 19	PERFORMED? YES ₩ NO
1 . 1	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter noture of injury in Po	ort or Port of il	em 18.)		
20c. TIME OF INJUR	Y Month, Day, Ye		NJURY OCCURRED		ACE OF INJURY (Home, form,		7)	(County)	(Stole)
Hour o.m.	19	While of wor	Not while	100	ctory, street, office bldg., etc.)				
					23, 19.56, to Ma				
disecuncooo	0000000000		COCOC and that	death	accurred at51.50_F				e stated above
ACTUAL	11 7711	10 8	1/1		A	DDRESS (Street, cit	y or lown, slale)	DATE SIGNE
SIGNATURE	10011	<u> </u>	V/S		M.D. VAH, FORT	HOWARD	MARYLANI	Q 3	/12/56
PHYSICIAN'S NAME (Type)	NAID D. MA	RK 1	[]			ng angkunting allow dining highly alway mand harbo sigler sidery atting assess.	****	27	
220. BURIAL, CREMATIO			22c NAME OF CEME			22d. LOCATION (C	ity, lown, or co	unty)	(Stole)
Burial (Specify)	3-16-	56	American	Legi	on Cemetery	Crisfield	d. Marvl	land	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			BY REGISTRAR	24b. REGISTRA		1,00
Bradcher F	moral Home	Gri	sfield Mar	nzla:	nd DATE 3/	15/56	Ds. Las	uson of	Harles



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2637 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02623

Reg. Dist. No.

a. COUNTY Bal	timore	a. STATE Maryland b. COUNTY							
b. CITY OR TOWN and give negres! for	(If aviside corporate fimili, write RURAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Batimore							
	ital or institution (if not in	,	d. STREET ADDRESS Allendale 2501 Alendale Road o. IS RES DENC ON A FARM YES \(\) NOS						
3. NAME OF DECEASED (Type or print)	First Grace	Middle A .	R iley	4. DATE OF DEATH	March	7, Doy	Year 19 56		
5. SEX Female	White wind	ARRIED NEVER MARRIED DE DIVORCED DE DIVORCED	9-17-1882	2	E (In years pulladay)	Months Days	IF UNDER 24 HRS Hours Min.		
during most of work	ION (Give kind of work done) ing life, even if retired) HOUSEWIFE	ob. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stole or foreign country) Maryland 12. CITIZE				ZEN OF WHAT COUNTR		
13. FATHER'S NAME	ANN Alexande		14. MOTHER'S MAIDEN I	NAME	McCoov	ray	,		
15. WAS DECEASED E [Yes, no. or unknown] NO	VER IN U. S. ARMED FORCES? (If yes, give war or dotes of service)		NFORMANT Records Spri	ng Grove	Address State	Hospital			
Canditions, if gave rise to imm (a), stating the cause last. PART II. O	any, which (b) (b) underlying (c)	Cardiac fail Arteripscler Therapeutic	otic cardiova	due to e	lectri	o shock			
20g. EXTERNAL CA PRIMARY TO GE CAUSE OF DEATH	AUSE WAS DITRIBUTING 1	CRIBE HOW INJURY OCCURRED. (I		rt t or Part It of iter	n 18)				
20c. TIME OF INJUNE OF INJ	10 Month, Day, Year 3-7- 19 56		CE OF INJURY (Home, form ory, street, office bldg , etc Hospital	: 1		(County)	(State) Md.		
death resulte		he remains described about some Accident K. Suite of the Control o	· ·	XAMINER C	ermined co	ouse .	, and find the		
22g. BURIAL, CREMATI REMOVAL (Specif Burial 23. FUNERAL DIRECTO	ON, 22b. DATE THEREOF y) 3/10/56 R'S SIGNATURE	Western Com		226. LOCATION (B8	lto.		(State)		
IN M. J	Virlaner Y	Stones - Balto 1	7 MUHATE	10	and some	the			

VS. A15ME(5) 5M 9/55

or removal.



ا نو	2638	CERTIFICATE	OF DEA	TH	Reg. Dist.	No
000	I. PLACE OF DEATH:		2. USUAL RESIDE	ENCE (HOME)	OF DECEASED:	`
carefully. The	COUNTY Baltimore CITY (If outside corporate limits, write of and give nearest town) TOWN Colgate HOSPITAL OR INSTITUTION OR	(in this place)	OR TOWN	Colgate	COUNT its, write RURAL and f rural give location)	
	STREET ADDRESS 508 Old Nor	th Point Road	508	3 Old Hor	th Point Rd	<u> </u>
UNFADING INK. Supply every item of information Physicians: please write the causes of death clearly	RACE: WIDOW (Specify	MARRIED. S. MARRIED. S. MARRIED. S. DATE OF MEDICAL SECURITY NO.: 17. Will 18. MEDICAL CERTIFICATION LEADING TO DEATH U. P. C. M. 19 TO Name of the security of the se	Maryland H. Mother's Man Lena Freder: INFORMANT & AD Liam Rippel	69 (State or fore DEN NAME: ick DRESS: 508 Old		Hours Min. TIZEN OF WHAT
FA	(c)	Cours ,	sondy Rosis	,		2 7-04
, , ,	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing 19a. DATE OF OPERATION: 1 19b. MAJOR	death.				20. AUTOPSY ?
WITH ortant.	198. DATE OF OPERATION: 198. MAJOR	FINDINGS OF OPERATION				Yes No
LY, imp	SUICIDE OF INJUI				(COUNTY) (ST	(ATE)
LEASE WRITE PLAINLY age is especially im	23. BURIAL CREMATION DATE THERE	that death occurred at (Degree or title) OF NAME OF CEMETER 1956 Oak Lawn Considerature	0 9 m , from AD 10 10 long Y OR CREMATORY ACTORY ACTOR	m the causes or for the causes or for the causes or for the causes or for the causes of the cause of the cause of the causes of the causes of the cause of	and on the date s	tated above. FE SIGNED // 9/5/ (State) ADDRESS

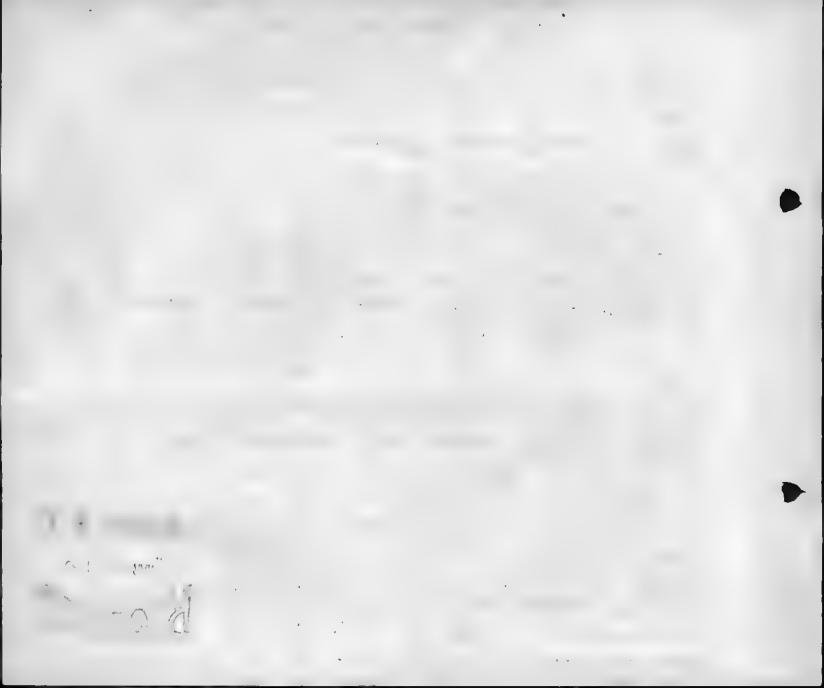
PLEASE WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

VS. A15

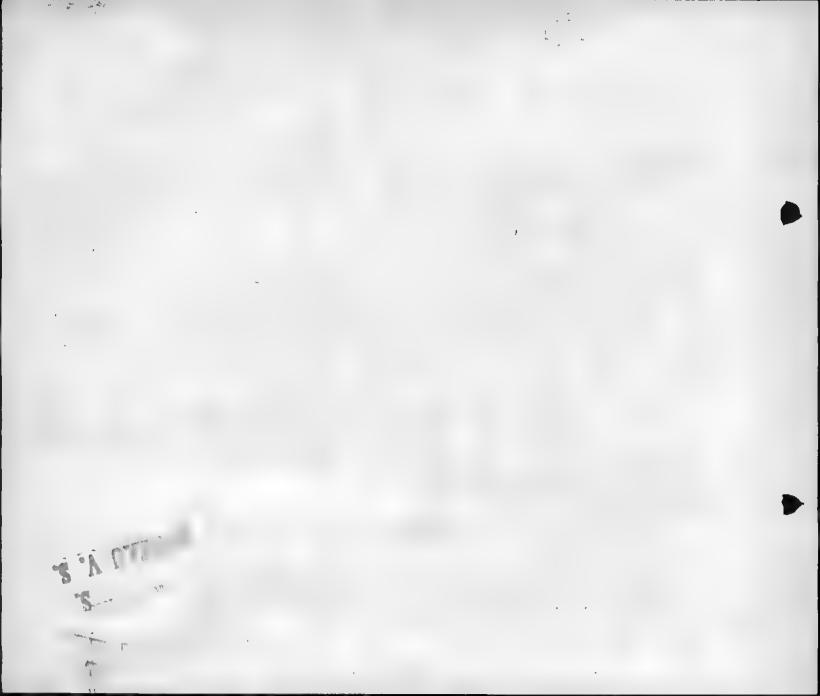


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2640 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. estary, please ex-Page 4 should b 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Maryland 'altimore burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 1b and give negrest found 6 months Owines Vills Baltimore City -0 director. . IS RESIDENCE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) prior ON A FARM? files. YES NO. 3. NAME OF 4. DATE Month Year Middle Day DECEASED OF DEATH 1956 (Type or priet), essie Forman Saul (Semi s arch 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH last birthday) Months I Days Min Hours 48 WIDOWED. DIVORCED [Colored Iune. 7 000 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) ₽ ~ during most of working life, even if retired) Cook Private Family Wilson North Carolin 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME sabod Unknown Francis Griffith W) 980 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 015_30_0241 Tessie Artis Liberty Hots INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hr Anaphylactic Reaction IMMEDIATE CAUSE (a) DUE TO hrs Canditians, if ony, which Bronchitis gave rise to immediate cause olong **DUE TO** (a), stoting the underlying Tonsilitis hrs couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Office 00 PERFORMED? YES 🔲 NO X 1156 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. Igner nature of injury in Port 1 or Port II of item 18.) PRIMARY | or CONTRIBUTING | ward ' Exami should none 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or fown) (County) (State) factory, street, affice bldg., etc. 3.5 Hour o. m. Not while at work of work P.m. none none 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X, and find that TO 60 death resulted from: Natural causes X, Accident | . Suicide . Undetermined cause . Homicide . certificate, will be to the Chie DATE SIGNED 3-23-56 ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR follworded to O FUNERAL I ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) cut REMOVAL (Specify) 2 25 Winans Laryland Burial auhurr 24a. REC'D BY REGISTRAR , 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VS. A15ME(5) DATE Charles R. Law 802-04 Medison Ave 5M 9/55 LIARU

DEPUT



(Day)

Days

(Ycar)

Min.

Hours

COUNTRY?

USSALA

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY7 NO

(State)

		- 01 1101111 211110110, 20
2641	CERTIFICATI	E OF DEATH Reg. Dist. No. 30
ATH.		2. USUAL RESIDENCE (HOME) OF DECEASED:
Balto	MARYLAND	STATE Md. COUNTY Balto
de corporate limits, write nearest town)	RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Catons ville
or ESS Caton Ridge	Nursing Home	STREET (If rural give location) ADDRESS Harlem Lane
First	(Middle)	(Last) 4. DATE (Month) (Day) (Year)

TOWN HOSPITAL OR INSTITUTION : STREET ADDR

16. COLOR OR 17.

RACE.

WATER OF

USUAL OCCUPATION (Give kind of

work done during most of working life.

15. WAS DECEASED EVER IN U.S. ARMED FORCEST

(Yes, no, or unk.) (If Yes, give war or dates

IMMEDIATE CAUSE

ANTECEDENT CAUSE (8' DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

of service)

WIDOWED, DIVORCED.

DUE TO

DUE TO

(C)

While

at work -

SIGNATURE

SINGLE, MARRIED

Separated

108. KIND OF BUSINESS

OR INDUSTRY:

18. SOCIAL SECURITY NO.

Loon Schmidt Sr.

(Last)

MARYLAND STATE DEPARTMENT OF HEALTH—RALTIMORE

DATE OF BIRTH:

9. AGE last birthday

OF

DEATH: March

Months

11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF

Poland 14. MOTHER'S MAIDEN NAME:

In known

17. INFORMANT & ADDRESS

Mrs . Mary Torgors en

16. MEDICAL CERTIFICATION

(County)

, 1956, that I last saw the deceased

LOCATION (City, town, or county)

DATE SIGNED

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

19A DATE OF OPERATION.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

210 TIME (Month) (Day) (Year) (Hour) OF INJURY

, and that death occurred at 🥭 alive on SIGNATURE

BURIAL CHEMATION REMOVAL (SPECIFY) 3-9-56

REGISTRANUS

21E INJURY OCCURRED Not while at work

218. PLACE (Home, farm, factory

OF INJURY street, office bldg., etc.

22. I hereby certify that I attended the deceased from

21c WHERE DID

INJURY OCCUR?

-RM, from the causes and on the date stated above. ADDRESS **6** S NAME OF CEMETERY OR CREMATORY

Glen Haven Cometery Balto. Mi.

21F. HOW DID INJURY OCCUR?

24. FUNERAL DIRECTOR ADDRESS Ellsworth Armacost 4600 Liberty Heights

(City or town)

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carefully.

information

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every causes

Supply the

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Physician

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1. PLACE OF DE

and give

COUNTY CITY (If outs)

OR

3. NAME OF

NO

DECEASED:

(Type or Print)

even if retired

The known

13. FATHER'S NAME:

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VS.

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1 .	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02628
is the		2642 CERTIFICATE OF DEATH Reg. Dist. No. 45
director led will	1.	PLACE OF DEATH a. COUNTY Balto MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence defere admission) b. COUNTY Balto
be f		b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
2 shauld		d. STREET ADDRESS OR INSTITUTION d. STREET ADDRESS ON A FARM? CON A FARM? CON A FARM?
ed in b	3	NAME OF AUGUSTA First of Middle Stille Poul had Day Year DECEASED. 18 11 11 11 11 11 11 11 11 11 11 11 11
Pages	5.	6. COLON OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
nd comple in popers. death.	10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY 11. BIRTHBIACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY?
carbon offer de	13	FATHER'S NAME To somother Manuage to Molecular
g physic remove		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 UFORMANT Security No. 17 UFORMANT Security No. 17 UFORMANT Security No. 17 UFORMANT Security No. 18 No. or unknown) (14 year, give wor or dates of services) No. 19 Security No. 18 No. of unknown) No. 19 Security No. 19
offendin with		18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Civil And DEATH 20 Cyclop
The The event		U.X.C.O DUE TO
igned b permit in ony		Conditions, if any, which gave rise to immediate casse (a), stoling the under DUE TO
law re hysician s been s li-transit vol, and	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED?
oding plant par rema	CERTIFIC	200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Bart 1 or Part 11 of item 18.) 120 ONTRIBUTING [AUSE OF DEATH 11 ETHER, NOTIFY MEDICAL EXAMINER)
or alter use as the	MEDICAL C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 Not while of work of otwork of otwork of otwork of work of wor
Affer J. Cre for iol, cre		21. I certify that I oftended the deceased from 3et 26, 19 54, to 31 corts 12, 19 2 4 that I lost saw the deceased
CTOR:)		olive on March 9, 1926, and that death occurred of 9P M, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL 37 5 6 1 2 2 3 13 6
AL CX eroined AL DIRE rould be ror prio		PHYSICIAN'S A. L. Kolodny, MD Ballemore 21, 714
noving oy be r oy be r oge 3 st e regist	22	BURIAL CREMATION, 226. DATE THEREOF 22c. MANY OF CEMETERY OF CREMATORY 22d. 19CATIGNACID, lowing, or county) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23	AUDIEST SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	X	Markedymake 140 / Carsen Curt DATE 3/14/56 Exit Hurley
	6	



MARYLAND STATE DEPARTMENT OF HEALTH

2643

2411 N. Charles Street, Baltimere

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH- COUNTY Baltimore CITY (If outsid c reporate limits, write RURAL and OR give negrest fown) TOWN Catonsville HÖSPITAL OR INSTITUTION OR' STRFET ADDRESS MARYLAND LENGTH OF STAY (in this place) PAGE OF DEATH- MARYLAND LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY I timore CITY (Houtside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville STREET (If rursl, give location) ADDRESS 902 Edmondson Ave.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	6. DATE OF BIRTH 9. AGF tast birthday If Lader 1 year Hours Min. July 27, 1937 18 yrs. Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Mary? 17. INFORMANT AND ADDRESS M's Veretta Scott 902 Edmondson Average and Authorities and Death Country? INTERVAL BETWEEN ONEST AND DEATH
giving rise to the above cause astating the underlying cause last (c) 1). OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	unhore-possible fficine lesel 18 has
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [] No E
SIGNATURE: (Degree of Life) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	HOW DID INJURY OCCUR? 19.55, to March, 19.57, that I last saw the deceased ADDRESS ADDRESS ADDRESS AT LINE ALL AND
REMOVAL (Specify)	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BENDING

The correct age

M

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 2644

026	30
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FUR MEDICAL	L PARVIINERS	Reg. Dist. No
I. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF D	
MARYLAND	MO	COUNTY
OR give nearest town (In this place)	CITY (If outside corporate limits, writ	e RURAL and give nearest town)
	TOWN TOUCH SON	
HOSPITAL OR INSTITUTION OR INSTITUTION OR	STREET (If rurs	I, give location)
STREET ADDRESS / // d / hal.	9 1 1 1	
J. NAME OF (First) (Middle)	(Last) 4. DATE	(Month) (Day) (Year)
(Type or Print) Lyphite	COVENS. DEATH	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify), 573	8. DATE OF BIRTH 9. AGE last b	irthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (G've kind of work) 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign count	
Davage Ties Drevale Family	(1 1 3 · C , (A)	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thos. Scouers	LAUGO FORSTEA	2
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	13 17
service)	JYLIESTER SCOVENS-Z	2004 Continuent
18. MEDICAL CE	RETIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	m n	ONSET AND DEATH
Immediate cause (a) COYOMSTY	1. Occhusion	e Sullen
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	1d for I Month	
stating the underlying cause last (c) CMCLa.	1 When Kendinton	Insketton 1/2 hon 4/2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🔂
21. EX ERNAL CAUST WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, atreet, OF office oldge, etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an s	Autonsu Inspection Inquire	thereon and from the evidence
but ired by said Autopsy, Inspection or Inquiry, find that said dece	uecd died on the day stated above, and	death in my opinion resulted
from: natural causes accident, suicide 1, homicide 1, SIGNATURE (Degree or title)	undetermined [. ADDRESS	DATE SIGNED
STATE OF THE STATE	7 - / -/ / 1	DATE SIGNED
- 1 & tracket to Doundly file	1 1501 Touche	I the son't sond istile
SEMOVAL (Specify) DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (C	ty, town, or county) (State)
GURER - 3556 PHEASANT	MEST TOWSON	(, m)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 3 1900 R.W.	Li Make Cielage Wood Re-	icis Man to sent &

16.

BSKE

correct

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED



2645 CERTIFICATE OF DEATH

Reg. Dist. No.

Baltimore, Maryland

6			
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	0
7	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Ann	e Arundel
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest fown) [in this place)	CITY (If outside corporate limits, write RURAL and give nea	rest town)
Ť	Fort Howard 5 Days	TOWN Glen Burnie	*
	HOSPITAL OR	STREET (If rural give location)	
	NSTITUTION OR STREET ADDRESS Veterans Administration Hospits	ADDRESS Route #1, Box 317	
	3. NAME OF (First) (Middle)	(tasi) 4. DATE (Month)	(Dey) (Year)
	DECEASED	OF	
	W.L.L.A.	SEDGWICK DEATH March	7 19 56
	RACE WIDOWED, DIVORCED,	E OF BIRTH 9. AGE last birthdey IF UNDER	1 YEAR IF UNDER 24 HRS.
		ruary 2, 1893 63 "	Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
1	Telirad Laborer Chemical Company	Baltimore, Maryland	U. S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Hanna Sadari al-	Lizzie Offeri	
	Horace Sedewick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
3	(Yes, no, or unk) // (If Yes, give war or dates of service)		E 17 2 3 14 2
1	Yes WW I 215-07-7860	Clin.Rec.Vet.Adm.Hospital,	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ARTIFILATION	ONSET AND DEATH
	/ KIMMEDIATE CAUSE (A) CARCINOMA OF THE	E BILIARY TRACT	UNKNOWN
	Alle To	by any product of Arms and Arm	-
i	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)		
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
	(C)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		**
	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUYOPSY?
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (Cour	NO N
	OR CONTRIBUTING [CAUSE OF DEATH OF INJURY street, office bldg., etc.]	Zic. With Did Nook Occor (City of lown) (Cool	HA! (21916)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
	M. st work et work		
		0	
	22. I hereby certify that X attended the deceased from March.		
	xalixecroacocococococococococococococococococo	at1:30AM, from the causes and on the date state	
0 7	SIGNATURE TO Willey	ADDRESS (Street, city, town, state)	DATE SIGNED
1-55	PRANCIS G. DICKEY M.D. Chief Medical Scovi	ice VAH, FORT HONARD, MARYLAND	3/7/56
ñ	REMOVAL (SPECIFY)		, , , , , , , , , , , , , , , , , , , ,
A15C	Rurial 3/12/57 Baltimore 1	National Cemetery Baltimore, Mar	yland
>	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	DATE - 4 1956 Nawson d. Farler	Isaiah Brown Funeral Home. 108	Montgomery St

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

24 Hours after death.

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BANI AANI

S'A MITHE

VS A15 (4) 15M 9/55

M	ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	2647	CERTIFICATE	OF	DEATH	

02633 Reg. Dist. No. 3 3

								141	-3
PLACE OF DEATH	timore	MARYL	- 11	USUAL RESIDENCE (WHO . STATE Md.	ere deceased live	ed If institution b. COUNTY		efore odmissi t 1mo1	
LETSTEFS	outside corporate limits,	write c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (IF o	outside corporate erstown		RAL and give I	negrest town)
d. NAME OF HOSPITA	ttminster	Road		d. STREET ADDRESS 42 West	tminst	er Roa	đ	e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Anna	Kathence.	Sha	mberger	4. DATE OF DEATH	March	9		9 56
5. SEX	W• v	MARRIED NEVER MARRIER VIDOWED DIVORCED		une 12,18	85 '	ostypin hdoy)	Months Day		R 24 HRS. Min.
10a. USUAL OCCUPATIO	N (G ve kind of work do	ne 106 KIND OF BUSINESS OF	INDUSTRY	11. BIRTHPLACE (Stole IOWA	ar fareign count	(۲)	12. CITIZEN	USA	COUNTRY?
13. FATHER'S NAME Unknow			1	4. MOTHER'S MAIDEN N					
15 WAS DECEASED EVER	IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO none	Mrs	John Wyni	n Morgo	onton,		Carol	lina
PART I. DEAT 44 7 0 , / Conditions, if on gove rise to in couse (o), stating I lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ty, which the under to the under the u	Entraise Latraire	II.	onlan'			O	10 m	DEATH
<u> </u>		TIONS CONTRIBUTING TO DEA		<u> </u>			N IN PART I(a)	PERFOR	NO [
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY IN 20c. TIME OF INJURY Hour D. p.		20d. INJURY OCCURRED While Not while all work of work	20e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	20f (City or 1	rown)	(Count	ly)	(State)
21. 1 certify the alive on	W 6 *	eceased fram Ast 1	さ death od		M, fram the	ne causes ar		date state	
220. BURIAL CREMATION REMOVAL (Specify) BUTISI	March 1	22c. NAME OF CEME 2.56 Druid			22d. LOCATION	(City, town, or		(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			D BY REGISTRAR		TRAR'S SIGNAT		•
J.F.Eline	& Son's	Reisterstown	.Md.	DATE 3	2-01-	L Ma	N. 13	SL	

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be execute

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

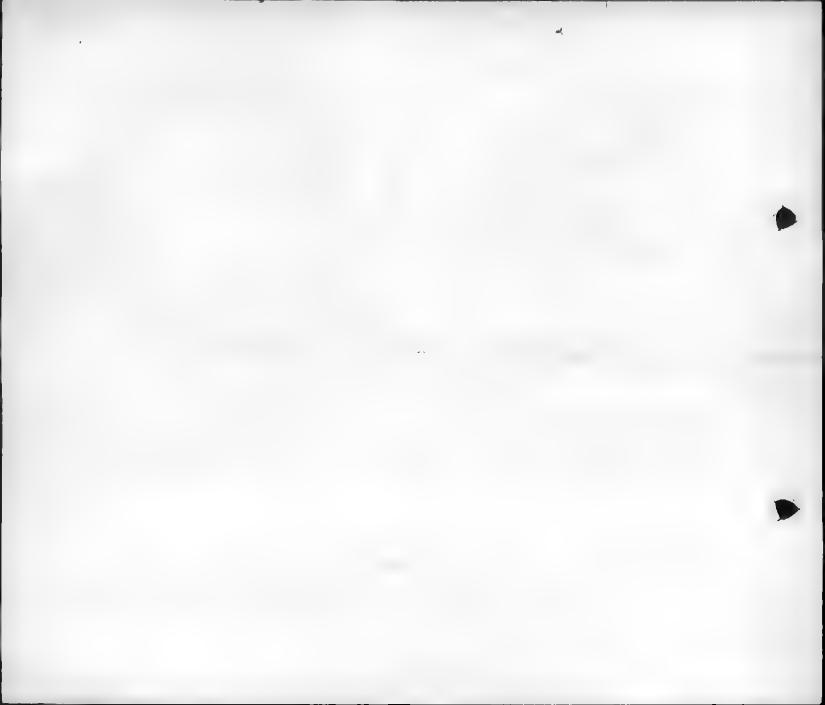
02634

*	4	O. O. Tream	بريد	CERT	IFIC/	ATE OF DEATH	H		Reg. Dist.	No		14
÷	PLACE OF DEATH			6 <u>at</u>		I a liceral protection and						<u>T/</u>
	a. COUNTY	timore		MAR	YLAND	2. USUAL RESIDENCE (WI		b. COUNTY	on Kesidence	before (dmission	1]
	b. CITY OR TOWN (IF	outside corporate limi	s, write	c. LENGTH OF STA	A IN 1P	c. CITY OR TOWN (IF	outside corp	orote limits, write R	URAL ond giv	e Redres	f fown)	
	Fort How			4 days		Baltim	ore					
	d NAME OF HOSPITA	AL (If not in hospital, g	ive street		-	d STREET ADDRESS				e.	IS RESID	ENCE
	OR INSTITUTION Veterans	Administra	tion	Hospital		3202 Bar	ringt	on Road			ON A F	
3	NAME OF	Fir		Middl		Lost	4. DATE	Mor		Day	Ye	
Ĺ	DECEASED (Type or print)	AARO		mag		SHULMAN	OF DEAT	н Mar	ch	25	19	56
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	HED 🔲	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1			
	Male	White	WIDOW	DIVORC	ED (3	10//9//07/1-1	1-03	5352/10	Months D	oys H	lours	Min.
10	LSUAL OCCUPATIO	N (Give kind of work	Jone 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign	country)	12 CITIZ	EN OF	WHAT C	OUNTRY?
	Furrier	ing life, even if retired		Fur		Russia			U.S.	Δ.		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME			# 1 X #		
	Samuel Shu	lman				Rachel Sc	hweis	berg				
15	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY N	0. 17. 1	INFORMANT		Add	ress			
fx:	Yes Yes	t yes, give wor or dates of a	ervice)	Unknown		Clin. Rec., V	et. Ad	m Hospita	I. For	t. Ho	ward	Md.
H	-	TH [Enter only one co	1			OZZII IIOO V	CO M	110001100	_,			
						Y OCCLUSION				ONSET	AL BETY	EATH
	1.5 cm	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	ACUIE CON	UNALL	T OCCIDATON				_15	Min	utes
	420.1	DUE TO										
	Conditions, if an)									
	gove rise to in cosse (o), stoting t											
	lying couse lost.) {c)									
NO.	PART II. OTH	ER SIGNIFICANT CON	DITIONS O	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART 1	(o) 19	WAS AU	
CAT.				MYOCARDI	AL I	NFARCTION					ES 🗍	
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	RIBE HOW INJURY	OCCURRE	D (Enter noture of injury in	Port I or Po	ort II of ilem 18.)				
ALC	20c. TIME OF INJURY		- 20-1 11	JURY OCCURRED	20a PI	ACE OF INJURY (Home, form	- 205 (C)	h h h				10
MEDICAL	Hour o. m.		While	Not while	fa	ctory, street, office bldg, atc	i.) 201. (CI	ty or town)	(Co	unty)		(Stote)
ž	p. m.	19	of wor	c of work			1					
	21. I certify the	at Vilatended the	deceas	ed from Marc	h 21	, 19 <u>56</u> , 10 Ma	rch	<u> 25 , 1956</u>	JAKKAMIK.	JOSEQ	ADS: G	ROCKO
	pative concerns	0000000000000	XXXXXX	COCO and the	t death	occurred at 10:05	AM, fro	im the causes o	and on the	date	stated	abave.
		1/1/	/(1. 11	Ç			Street, city or town,				SIGNED
	SIGNATURE	KORIL	100	rgo M)	MD VAH. FO	rt Ho	ward. Mar	vland		3/20	5/56
				-			-W	Transfer of Walker	#FFFFFFF		# \$ ~ * * *	4-4
	PHYSICIAN'S NAME (Type)	PAFAL LONG										
22	BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREC	wel	22c. NAME OF CEA				ATION (City, town,			(Stote)	
L	Burial	13-26-	5 p	United He	brew	Cemetery	Ba	ltimore,	Maryla	nd		
23	UNERAL DIRECTOR'S	SIGNATURE		APORESS	/	240, REC	D BY REGIS	STRAR , 24b. REG	STRAR'S SIGN	ATURE	P	1
1	ack Lew	whe 2	100	Gutau	r P	lace DATE		5	avora)	7.0	Sark	eno
_												- Argune

may be retained by the hospit.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and configure page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers, the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificaty VS A15 (4) 15M 9/55

95.71 95.71



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2650 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02636

Reg. Dist.

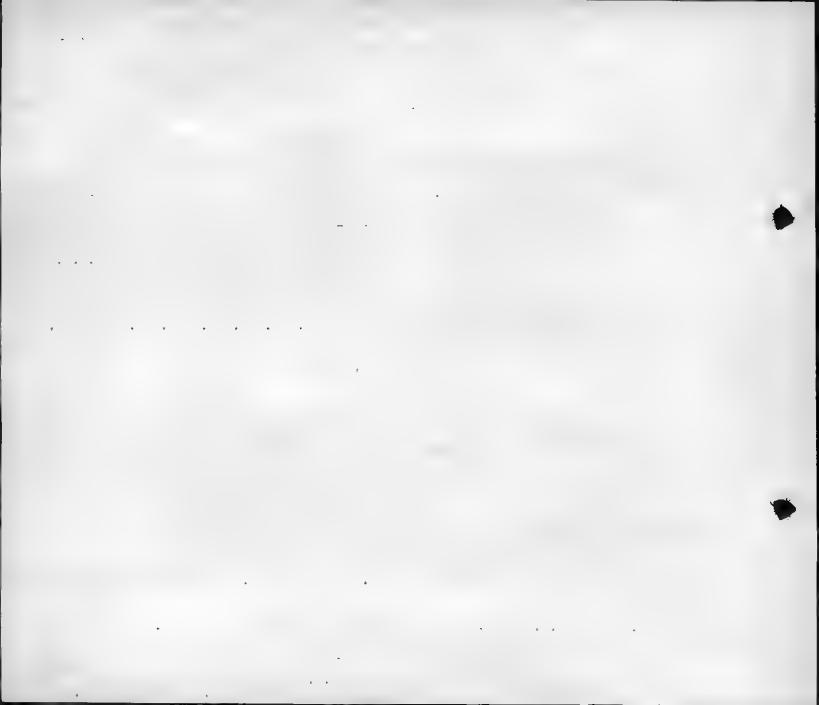
V			
No		3	30

1, PLACE O				MAR	YLAND	2. USUAL RESIDENCE P	Where deced Yland	sed lived. If institu b. COUNT		dence be	fore edm	ision)
b. CITY O	R TOWN (If outside corporate to recorp) town) Catonsvill	mits, wills Ri	URAL	7mos.10d		c. CITY OR TOWN (I	f outside cor	•	RURAL or	nd give n	earest to	own)
	OF HOSPITAL OR INSTITU				195)	d. STREET ADDRESS						RESIDENCE
St	oring Grove S	state	Hosp	ital		2827 B	aue rnw	good Avent	ie] NO
3. NAME OF DECEASE (Type or)	D	fim drew		Middle Herbe	rt	Slaughter	4. DATE OF DEATH	March	h	Day		Year 19 56
5. SEX Maj			- MARRIEI VIDOWED	D NEVER MARRIE		3-17-1877	•	9. AGE (In years last birthday)	Months	R TYEAR Days	Haurs	Min.
10a. USUAL during mo	OCCUPATION (Give kind of working life, even if a Painter	of work dar retired)	ne 10b, KI	IND OF BUSINESS OR	INDUSTRY	11. SIRTHPLACE (Stole	or foreign	country)		TIZEN O	F WHAT	COUNTRY
13. FATHER	S NAME			· · · · · · · · · · · · · · · · · · ·	1	14. MOTHER'S MAIDEN	NAME					
Mr	. James Slau	ghter				Ф Ф Е	Su1	livan				
	CEASED EVER IN U. S. AR	WED FORCE	ES? 16. S	OCIAL SECURITY NO	. 17. INF	ORMANT		Address				
Unkr				18-12-2580	Re	cords Sprin	g Grov	e State	Hospi	tel		
1 1	SE OF DEATH Enter only		per line fo	or (a), (b), and (c).						INTE	EVAL BETWEEN AND DE	EEN
	ART I. DEATH WAS CAUSE IMMEDIATE CA	D BY: NUSE (a) _		Acute car	diac	failure						
14	43X c	UE TO										
	ions, if any, which)	(b)		Hypertens	ive d	cardiovascu	lar di	sease				
(a), sta	ting the underlying ast. 90 4.7	UE TO										
	ART II. OTHER SIGNIFICAN	(c) VT CONDIT	IONS CO	NTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
CATIC				Fracture	of le	eft hip					PERFC YES [DRMED?
	ERNAL CAUSE WAS Y DO OF CONTRIBUTING D OF DEATH.	205.		Undeterm	ined	er nature of injury in Pa		of item 18.)				
20c. TIM	E OF INJURY Month, I		20d. IN While	Not while	locion	OF INJURY (Hame, fame, street, office bldg., etc	.)	y or town)		ounty)		(State)
-	p. m. Unknown		of wor	k at work		Hospital		atonsvil	le Ba	ltim	ore	Md.
	ertify that I toak c					·	· market	nspectian 🔲,	Inqui	iry 🗷	, and	find that
death	resulted fram: Na	tural ca	uses	, Accident	, Suici	de 🔲, Homicide	e 🔲, U	ndetermined o	ause [].		
ACTUA	fler	m	Sc	reffe	-	M.D. CHIEF MEDICAL E	XAMINER	1			DATE !	SIGNED
EVAMI						ASSISTANT MEDIC	AL EXAMIN	ER 🔲		3	-27-	-56
NAME (S. N	I. KI	effer		DEPUTY MEDICAL	EXAMINER	3				
22a. BURIAL REMOV	CREMATION, 22b. DATE AL (Specify)	THEREOF	7	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCA	TION (City, town,	ar county)		(Slaf	(e)
B	urial 3/3	1/56			g Hil	1 Cemetery		aston, M				
	DIRECTOR'S SIGNATURE	F.0.		ADDRESS		24a REC	D BY REGIST	TRAR 24b, REGIS	STRAR'S SI	IGNATUI	RE	
Leon	ard J. Ruck,	530.	5 Har	rford Road		Dates -	el 2,19	156 1.	6. 6	tans	40	
							7			0	110	

THREAD A. Z.

ţ 11

	Y.		2651 CERTIFICATE	OF DEATH Reg. Dis	st. No.
	carefully legibly	À	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASI	EO;
V	carefull	R to	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
7		10	The second secon	CITYIII outside corporate limits, write RURAL	and give nearest tow
	information		CITY (If cutside corporate limits, write RURAL LENGTH OF STAY of and vice nearest town) (in this place) town Fort Howard 5 Days	TOWN Baltimore	i gi
	ma Ll.	r13	HOSPITAL OR	STREET (If rural give location	1)
11.2	nforma	lea	A STREET ADDRESS Veterans Administration Hospit	tal Address 3414 Juneway	V
	/ .5 3	2	3. NAME OF (First) (Middle) (I	Last) 4. DATE (Month)	(Day) (Year)
	em of i	במר	(Type or Print) CHARLES W. SLI	ITZER OF DEATH, larch	5, 1956
	terr	7	RACE: A WIDOWED DIVORCED.	OF BIRTH: 9, AGE last birthday IF UNDER	
	y ite		Nale White (Specify): Married 7-28	0-95 1 60 xrs	Days Hours Min
	every item of	Causes /	OA. USUAL OCCUPATION Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
SN			even if retyrdliceman	Baltimore, Maryland	U.S.A.
Id	pply	907	13 FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDING			Lewis Slitzer	Josephine Bamburger	
	. '3	A E 3	IS WAS OFCEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS.	
FOR			Yes no, or unk fill Yes, give war or dates Yes of service WW 1 Unknown	Clin.Rec.Vet.Adm.Hosp.,Ft.Ho	ward.Md.
10. 2	_	Case Case	18. MEDICAL CERTIFICATION	ON	INTERVAL BETWEE
<u>~</u> 图	Z 7	5,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
RESERVED	ADING		IMMEDIATE CAUSE (A) LAENNEC'S	CIRRHOSIS	UNKNOWN
SS (S)	UNFA	380	ANTECEDENT CAUSE (S' DUE TO		
22	Б	310	DISEASES OR CONDITIONS, IF ANY, (B)		
Z	TH	î l	GIVING RISE TO THE ABOVE CAUSE DUE TO		
RG	prent;		(C)		
MARGIN		1 1	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
-		5	DISEASE OR CONDITION CAUSING DEATH.		
	PLAINLY, W		194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
-	TLA T	<u>ت</u>			YES NO X
	WRITE PL	SCI 211	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ery. 21c. WHERE DID (City or town) (Cour	nty) (State)
	RI	d's b	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	1 21F. HOW DID INJURY OCCUR?	
		- 1	OF INJURY While Not while at work at work		
			22. I hereby certify tha VA attended the deceased from Feb. 2	9 19 56 to Man 5 10 56 (NYWYY)	VVVXVVVXVX
60		10 10 10 10 10 10 10 10 10 10 10 10 10 1	MXVeXbXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
1	TYPE	٥	SIGNATURE Tourner 5 (Lefa		stated above. TE SIGNED
- 10		correct	RANCIS G. DICKEY, M.D., Chief, Medical Service.		3-6-56
ري ع	V2 '		23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (Cit), town, o	
AI	PLEA			tional Cemetery Baltimore, a	mvland.
υż	PI		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR M.F. SADOWSKI & SONS	ADDRESS
>			Munde 1, 19564 W. Hanck	-1808 Fastern Ave. Baltimore	Md -
			The state of the s	The second secon	J-12WA



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02638

2652 CERTIFICATE OF DEATH

L			<u> </u>	<u>Z</u>	CEICI	11 107	TIL OI I		•		Reg. Di	st. No.	()
ī	PLACE OF DEATH o. COUNTY	Baltimo	re		MAR	YLAND	2. USUAL RES	Maryl		d lived. If institu b. COUNT			re odmiss	
	6 CITY OR TOWN	(If outside corpor	ate limits, wri	e c. LENC	OTH OF STAY	Y IN 1b	c CITY OR			rote limits, write	RURAL and			
1	RURAL and give i		Parkvi	11e						imore				
1	d. NAME OF HOSP	ITAL (If not in her					d. STREET /	ADDRESS	20426	LHOLC			e. IS RES	IDENCE
	OR INSTITUTION	3018	Hiss A	venue					6513	Harford	Road			NO D
3.	NAME OF DECEASED		First		Middle	0	le	nd .	4. DATE	Mo	मती	Do	ly 1	Year
L	(Type or print)	Mr.	Davi	d J	*		Smit	th	DEATH		March			1956
5.	SEX	6. COLOR OR	RACE 7. M	ARRIED 🔲 N	HEVER MARR	IED 🔲	B. DATE OF BIRT	тн		9. AGE (In years last birthday)	IF UNDER		-	
L	male	whit		OWED K	DIVORC		Dec. 10			79 yrs		Days	Hours	Min.
10	during most of wo	rking life, even it	f work done 1 retired)	06. KIND OF	BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (Stole	or foreign o	ountry)	12 CI1	IZEN O	F WHAT	COUNTRY
<u> </u>	Plum	mer		MEI	11812	-77		arylan				US	A	
13	PAINERS NAME						14. MOTHER'S	S MAIDEN N	AME					
-	<u> </u>						Ann							
	. WAS DECEASED EV	(If yes, give wear or s	dates of service)	16. SOCIAL S			NFORMANT				dress			
L					1-5360		r. Henry	y Smit	h, 30	18 Hiss	Avenue	#1	4	
	18. CAUSE OF DE PART I. DE	ATH WAS CAUSE	ED BY:	r line for (o).	, (b), and (c))] 1 72 -	77 14/	75	F. C. F.	1250		INTE	ERVAL BE	DEATH
	IMMEDIATE CAUSE (o) TY TO C.A. C.D.A. D.A. D.A. D.A. C. D.A. C.D.A. C.D. C.D													
	Conditions, if any, which) (b) CORUNARY OCELUSION (1941)													
	Quye rise to immediate													
	couse (a), stoting the <u>under-</u> lying couse lost.													
١ź	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY													
N N	TAKE IN OTHER SIGNATURES CONDITIONS CONTINUES TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS A GOODY PERFORMED? YES \(\sigma \text{NOT} \) NO \(\sigma \)													
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
3	20c. TIME OF INJU	RY Month, Do	sy, Year 20d	d. INJURY O	CCURRED	20e. PL	ACE OF INJURY	(Home, form,	20f. (City	or town)	10	County)		(Stote)
Hour e. st. While Not while factory, street, effice bldg., etc.)						0. 10,	,	, comy		fainal				
~	p. m.				work		/ 1	/ j .	1		1			
21. I certify that I attended the deceased fram														
ı	olive an	alive an Mac 10, 1226, and that death occurred at 11 17 M, from the causes and an the date stated above												
L	ADDRESS (Street, city or town, state) PATE SIGNED													
	SIGNATURE CAPPING SIGNATURE CA													
	PHYSICIAN'S NAME (Type)	4.M	· B	ACC	NO								/	,
22	. BURIAL, CREMATIC	ON, 226. DATE	THEREOF	22c. N/	AME OF CEN	AETERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(State	a)
	REMOVAL (Specify Buria)	3/43	3 / 1956	5 Mc	orelan	d Mer	morial P	ark	В	altimore	, Mar	ylar	ıd	
23.	FUNERAL DIRECTO	R'S SIGNATURE			DRESS				BY REGIST		ISTRAR'S SIG			
L	Leonard J	. Ruck,	5305 F	larfor	1 Road	#14		DATE 3	21/5	C G.	Tilo	15	ac	07

S MIT HAM

... II ... A.

59

CERTIFICATE OF DEATH

2653

Rea. Dist. No.

1.000								
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED							
COUNTY / MARYLAND	STATE / 1 100 COUNTY							
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give nearest town)							
OR and give nagrest town) Hn this place	TOWN 20 Votes and C							
· · · · · · · · · · · · · · · · · · ·	S - 2 1 1 1 1 1 2							
HOSPITAL OR INSTITUTION OR 1	STREET (If rure) give location) ADDRESS 4 7 7 7 7							
STREET ADDRESS " Littue House of Hid	Access 17/7, 11: Nicoddin's							
3. NAME OF (first) (Middle)	(Lest) , 4. DATE (Month) (Doy) (Yeer)							
DECEASED (Type or Print)	OF DEATH S							
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	19 V SE BIRTH 9. AGE last birthday 1F UNDER 1 YEAR 1F UNDER 24 HRS.							
RACE, WIDOWED, DIVORCED.	Months Days Hours Min,							
Hunde littlets (Specify) - Livercy Dug	1 10 14 X Yrs.							
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11, BIRTHPLACE (Slote or foreign country) 12, CITIZEN OF WHAT							
done during most of working life, even if OR INDUSTRY	COUNTRY?							
Marcellan	Marylana (110 H)							
13. FATHER'S NAME								
Laved Droham Many Rocke								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT/A ADDRESS A . LA C							
[Yes, no, or unk.] (If Yes, give wer or detes of service)	Frank L. Smith J. 18 md							
no Cockeysmile								
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH							
(1242)								
IMMEDIATE CAUSE (A) LANGOR - PHOGOSICO (C)								
ANTECEDENT CAUSE(S) DUE TO								
DISEASES OR CONDITIONS, IF ANY, (B)	DISEASES OR CONDITIONS, IF ANY, (B)							
INVING RISE TO THE ABOVE CAUSE TO TATING UNDERLYING CAUSE LAST. DUE TO								
(C)								
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
196, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?							
	YES NO NO							
	21c, WHERE DID INJURY OCCUR? (City or town) (County) (Stota)							
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., atc.)								
	216. HOW DID INJURY OCCUR?							
While Not while								
M. at work at work								
22. I hereby cartify that I attended the deceased from 19.4. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19								
alive on								
SIGNATURE /	ADDRESS (Street, city, town, state) DATE SIGNED							
halter 1. Kus	Contervalle 111 3/21/26							
M.D. 23. BUR.AL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	7/1-61 /70/) 6							
REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)							
Buriol 491 2-1916 Cedar J	Tel Brettman 11d							
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS							
4 1 4 1 4 1	Pember Ince 12/7 1/ 19hul Sh							

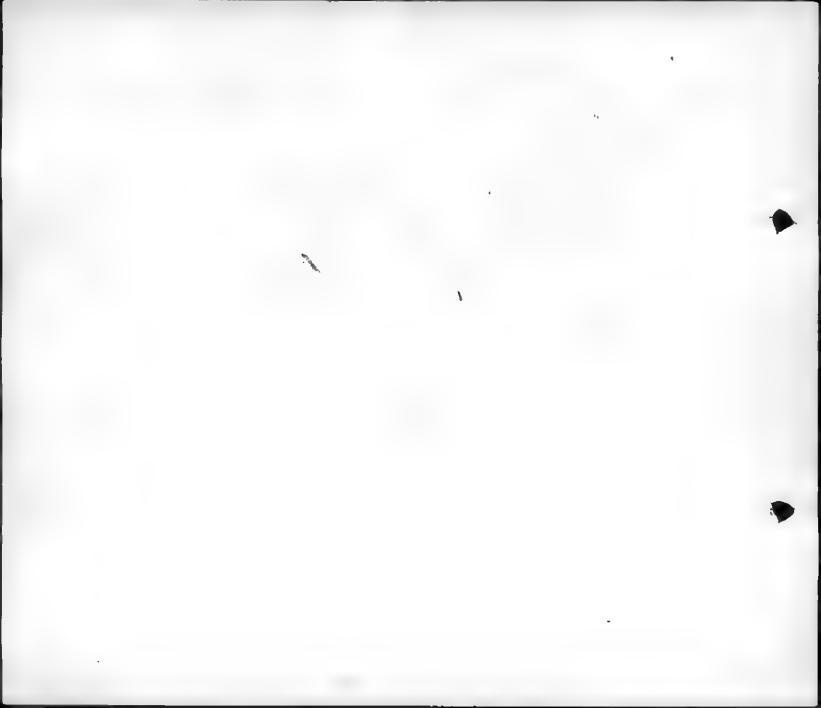


RE, 18 02640 Reg. Dist. No.

5-7	-								
E S	1.	PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASES	D:					
ref		COUNTY BAUTINORE MARYLAND	STATE MARYLANDCOUNTY BA	TIMBOS 117					
carefull legibly.	-	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate timits, write RURAL	ind give nearest town)					
and		OR and sive peagest town), (in this place)	TOWN BALTIMARE						
tric B	\perp		STREET (If rural give location)	, 4,					
rly rly		HOSPITAL OR ROBB NURSING HUME	ADDRESS (II Turk kive location)	1					
nforma		STREET ADDRESS 9103 ESSEX ROSPALIO	5 W. FORF AK	E					
12.0	3.			Day) (Year)					
item of information carefully of death clearly and legibly.		OECEASED: (Type or Print) HATTLE MIRA SA	VYDER OF DEATH: 3	7 1956					
de	5.	SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH. 9. AGE last birthday IF UNDER 1 Y						
y ite	L	RACE: WIDOWED, DIVORCED VAN.	18, 1879 18 yrs	Days Hours Min.					
causes	10A	USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	W. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT					
e e		even if retired): Housewell Housewell	ENNA.	4/2 S. A.					
e e	13	, FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	V. 0177.					
Supply every te the causes		-TONKI LINDON MAND	REDELLA TIMM	EOMON					
K. Su write	12	WAS DECEASED EVEN IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS.	N/1N/W					
X X		es, no, or unk.) (If Yes, give war or dates	done - 11. 4 5.14	150					
INK.	_	NO of service)	NOW - WW. 17, ONY	DER.					
G g	١.	18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN					
UNFADING sicians: plea	I	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH					
A D	L	Veryn.							
UNFAI sicians:	L	ANTECEDENT CAUSE (8)							
Si G	١.	FOY law.							
F-1	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO								
_	S	STATING UNDERLYING CAUSE LAST.							
AINLY, Wimportant.	-	(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
rt s	111	TO THE DEATH BUT NOT RELATED TO THE							
J.		DISEASE OR CONDITION CAUSING DEATH.							
PLAINLY	119	A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY1					
- 3	L			YES NO					
	OR	ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 10 INJURY OCCUR? (County) (State)							
WRITE	211		21F. HOW DID INJURY OCCUR?						
-		"INJURY While Not while							
다	_								
0 0	22	2. I hereby certify that I attended the deceased from	., 1954, to March 13, 19.56 that I last						
E S	1	alive on 3/12, 1936, and that death occurred at	7:30P.M, from the causes and on the date	stated above.					
TYPE rect ag	L	SIGNATURE		TE SIGNED					
		Edwar Il urpano) M.	. of 104 poury (a, Buto)	MA 3/13/56					
04	23	DEMOVAL (CRECIEV)	ERY OR CREMATORY LOGATION (City, town, pl	county) (State)					
EA		Burial 3/16/56 Zion Com.	Loganville	Met. Konna. MIA					
PLE,		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A RAL FUNERAL DIRECTOR	ADDRESS THE					
	F	REGISTRAR L -S G (Ha) Helling	R/m. L. whener & sous	- reallo 1/					

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING



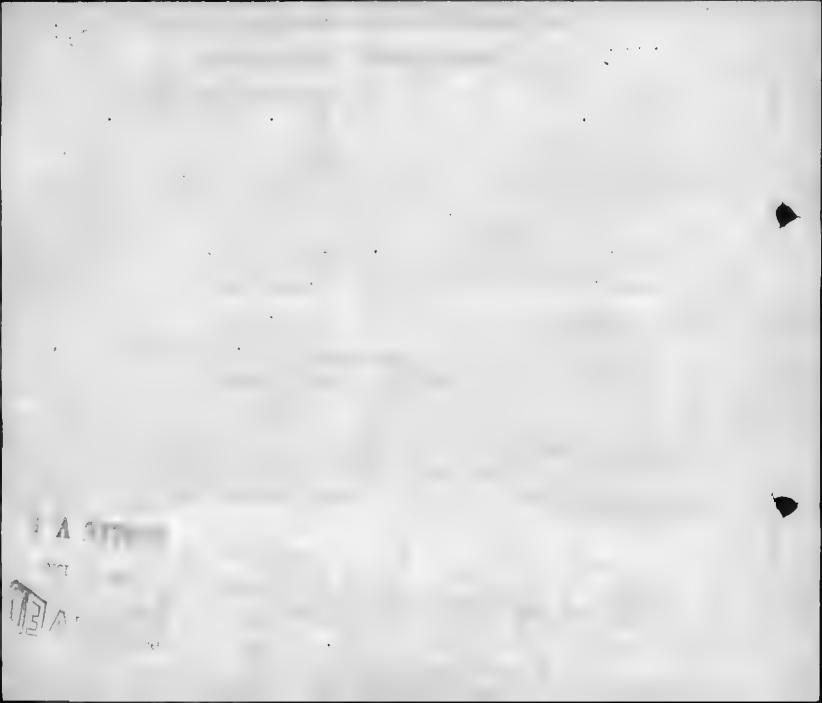
2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02641

CERTIFICATE OF DEATH 2655

tem 2, FilmGay2 4-2-10 et	2. USUAL RESIDENCE (HOME) OF DECEASED
0.34	20.74
COUNTY Balto. MARYLANI	
CITY (If outside corporate limits, write RURAL OF ST. OR and give negrest town) [In this place] (In this place)	OR 4/14/1/644/
TOWN LUTN TVILLE	TOWN ALVALAGE Baltimore 12, Md.
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS
STREET ADDRESS College Manor Nursing Home	Eptter/VAYAT LOG Croydon Road
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) 20 (Yaar,
(Type of Print) JOHN PAUL	SIMPER DEATH Mar. 24, 56
	DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HI
RACE WIDOWED, DIVORCED,	Months Days Hours Min
male white (Specify) idnied I. One. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	OV. 30. 1886 69 yrs. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, evan if OR INDUSTRY	COUNTRY?
rehead Bon ultant (retired) Pharmaceut	ical II. J.
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin Snyder	Anna C. Hunt
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	
Yes, no, or unk.) (If Yes, give wer or datas of service)	7 7 1 1/ 0 1 10/ 0 1 51
NC	Ir. John M. Styder-406 Croydon Id.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	AL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I PULLANO	Dec WARD POLORION GOLD
IMMEDIATE CAUSE (A)	
ANTECEDENT CAUSE(S) DUE TO	COLD SACTO
DISEASES OR CONDITIONS, IF ANY, (B)	9,000
STATING UNDERLYING CAUSE LAST, DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 96. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
THE STATE OF STRANGE	YES TO NO TO
tia. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
id. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21s. INJURY OCCURRES	21f. HOW DID INJURY OCCUR?
M, al work at work	
	77 74 5-17 77
22. I hereby certify that I attended the deceased from	
alive on	urred at
SIGNATURE -	ADDRESS (Street, city, lown, state) DATE SIGNE
WULLIAM T. TULL.	3-1-S
	ETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial - rumoval 3/22/56 Rock C	reck Jen. Johnston, D. C.
4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTORY SIGNATURE ADDRESS
I I'M	Man Introduce of days Both in



2411 N. Charles St., Baltimore

02642

. 2656

BINDING

FOR

RESERVED

MARGIN

PLEASE

CERTIFICATE OF DEATH

eg. Dist. No. 3

How long in above place Hospital, Institution, or	wardville outside city or town is of death?	emits, write R 53 Yes dealb occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Campfield Road (If rural, give LOCATION) None				
3. (a) FULL NAM		SADORA	SNYDER		3. (b) Social Security Number			
Female	5. Color or race White		married, widowed, or divorced Nidowed	MEDICAL CE 20. DATE OF DEATH March, 18th	RTIFICATION			
7. Birth date of	3.5	8.(onyder thalive, give ageyears th. 1873	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from TUIL C. 19.5.3 to MATCA 19.5.6 and that I last saw h.C. T. alive on MAR. C. 19.5.9				
deceased (mo., day,) 8. AGE: Years 82		Days 20	If less than one dayhrsmin.	Immediate cause of death	L'			
9. Birihplace	House At	wife home		Due to CALTAMIC Nephritis 2413. Due to Art Sclerosis 3413.				
Price Criswell 12. Name Price Criswell 13. Birthplace 14. Malden name Susana Hoffman 15. Birthplace 16. Informant Campfield Road, Howardville				Diher conditions				
				Autopay results				
(tiurial, cremation	ity	liye (March, 21"1956 (month) (day) (year) Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide				
18. Funeral director	thilia ,	Laur	oreace					
19. — 20 (Date rec'd by re	gistrar) 19 J G	The	Registrar	ReisterstownRd.&	Valker Ave or other 19			





DIRECTOR:

0

HOSPITAL

should FUNERAL D

ofter d

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CERTIFICATE OF DEATH

02644

2658 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give nearest town) CONS/12 d NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO NAME OF DATE OF DEATH Middle Year DECEASED 1956 (Type or print) 5. SEX AGE (in years last birthday) IF UNDER I YEAR IF UNDER 24 HRS NEVER MARRIED Months Days DIVORCED WIDOWED ID 10a. USUAL OCCUPATION (Give kind of work done 10b. OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY dufing most of working life, even / retired) 13. FATHER'S ANAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Sudden PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o). Acute Coronary Occlusion 420.0 DUE TO 10 yrs Arterioscleratic Heart Disease Canditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 Essential Hypertension YES NO IN 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. [City or town] Day, Year (County) (State) factory, street, office bldg., etc.) While Nat while at work at work p. m. Oct. 21. I certify that I attended the deceased fram. Larch alive on March and that death occurred at 3:30AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 3/26/56 ACTUAL SIGNATUR 1 Mallow Hill Ave., Baltimore, Md. PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S-GIGNÁTURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

certificate

death

that the

O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3 % A (1) Ini

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO 1 Month Year March 1956 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Days Hours yrs. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL SETWEEN ONSET AND DEATH 3 days NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART A(a) 19. WAS AUTOPSY Dr Camp at Union memoral Hoses Est. Contin (County) (State) 19 . that I last saw the deceased and that deoth occurred at 17 21 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION [City, lown, or county] (State) 24b. REGISTRAR'S SIGNATURE

DATE

De la serie de la

V5 A15ME(5) 5M 9/55

HOPPING FUNERAL

HOME

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Annapolis (Rural-Eastport) e. IS RESIDENCE ON A FARM? YES 🗍 NO 🔀 Month Day Year 1956 30 March IF UNDER TYEAR IF UNDER 24 HRS Months Min. Davs 112. CITIZEN OF WHAT COUNTRY? U.S. Elizabeth Cauritt Address Records: Spring Grove State Hospital INTERVAL BETWEEN ONSET AND DEATH vears PERFORMED? NO DE (County) (Stote) Md. Raltimore DATE SIGNED 22d. LOCATION (City, town, or county) Davidsonville. Marvland 2401 REC'D'BY REGISTRAR 24b. REGISTRAPS SIGNATURE AMNAPOLIS. MD. DATE

EDIT ' A' E'

MESELLA EU

3 % fire 10 10 K

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

St. f

The

Supply every item of information carefully.

WITH UNFADING INK.

OR WRITE PLAINLY,

PLEASE TYPE

VS. A15-10-53

OR BINDING

MARGIN RESERVED

2664	CERTIFICATI	E OF DEAT	H Reg. 1	Dist. No
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECE	ASED:
COUNTY Balto. CITY (If outside corporate limits, write OR and give nearest town). TOWN CATONSVILLE	RURAL LENGTH OF STAY (in this place)	OR		A. A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook	Nursing Home	STREET ADDRESS Mou	off rural give locate	tion)
3. NAME OF (First) DECEASED: (Type or Print) 5. SEX: 6 COLOR OR RACE: WIDOV (Specify	(Middle) BERTELD SWET E. MARRIED. 8 DATE VED. DIVORCED. 8 VI. Wido wed May 21	(Last) PLAND OF BIRTH 1, 1872	4. DATE (Month) OF DEATH MAY AGE last birthday 83 yrs Month	ER 1 YEAR IF UNDER 24 HRS B Days Hours Min.
IOA USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	OB KIND OF BUSINESS OR INDUSTRY:	Penna.		12. CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MAIL	DEN NAME:	
Francis Marion Berfield			lson Berfield	
(Yes, no, or unk.) (If Yes, give war or dates of service)		Mr. C. B. Na	address: airnMountain	Rd. Pasadena
I DISEASES OR CONDITIONS DIRECTL	18. MEDICAL CERTIFICAT Y LEADING TO DEATH (A) Truck	on reserve	a Lea	INTERVAL BETWEEN
ANTECEDENT CAUSE (5)	DUE TO	<u> </u>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO	aprin 1000		fran
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	THE			19 227
19A DATE OF OPERATION. 19B. MAJO		٧	21	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm, fac OF INJURY street, office bldg.,	etc. INJURY OCCUR?	(City or town) (C	County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work at work		A-4	
22. I hereby certify that I attended alive on	the deceased from variation at that death occurred at		causes and on the de	
23. BURIAL, CREMATION, DATE THER REMOVAL (SPECIFY) ROMOVAL 3/15/5 DATE REC'D BY LOCAL REGISTRAN	6 NAME OF CEMET	ERY OR CREMATORY	Couderspor	

VS A15 (4) 15M 9/55 I

L		261	35	CERT	IFICA	AIE	OF DEA	IH			Reg. D	ist. No).	44
	PLACE OF DEATH O. COUNTY BALTI	MORE		MAR	YLAND	2. USU 6. S	AL RESIDENCE (TATE		_	d lived. If institut b. COUNTY		nce bef	ore admis	sian)
-	b. CITY OR TOWN (H	f outside corporale limi	ts, write	c. LENGTH OF STA	Y IN 1b	c 0				rote limits, write I	RURAL and	give no	earest taw	n)
	RURAL and give no FORT	HOWARD		80 DAYS		1	TIMORE							
-	d. NAME OF HOSPIT	AL (If nat in hospital, g	ive street		-	-	TREET ADDRESS	,						SIDENCE
	OR INSTITUTION VETERANS A	DMINISTRAT	ION H	HOSPITAL		181	5 St. P	aul	Str	eet				NO 🔼
3.	NAME OF DECEASED	Fir	st	Midd	le		lost	4	. DATE	Ma	nth	D	ay	Year
	(Type or print)	BRIGH	T	E.		THAF	PE		DEATH	March		2	23	19 56
5.	SEX	6. COLOR OR RACE	7. MARI	RIED MEVER MARE	RIED 🔲	8. DATE	OF BIRTH			9. AGE (In years last birthday)	IF UNDE		1	ER 24 HRS
	ale	White	WIDOW	transfer .			ber 26,			63 Yrs	Months	Days	Havrs	Min.
100	USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS	OR INDU	STRY 11.	BIRTHPLACE (SH	ote or	fareign c	ountry)	12 C	TIZEN	OF WHAT	COUNTRY
	Moulde	r				I	lock Cou	nty	, Te	xas	U.	S.	A.	
13.	FATHER'S NAME					14. M	OTHER'S MAIDE	N NAM	ΛE					
	harles Tha						ny Lamb)						
10	is no, or unknown)	R IN U.S. ARMED FOR Bf yes, give wor or dates of t	CES? 16.	SOCIAL SECURITY N							fress			
Y	es `	WW I			/ U.	lin.	lec. Vet	. A	dm.	<u>Hospital</u>	Fort	_ Ho	ward,	Md.
		TH [Enter only one co										IN	TERVAL BE	TWEEN
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	RUP	FURED DUOD	ENAL	ULC	ER WITH	GEN	ERAI	IZED			NKNO	
	1 1	XOMESTIC	PE	RITONITIS										
	Conditions, if any, which (b)													
	gave rise to immediate COUSE TO DUE TO													
-	lying couse lost.) (c												
ğ		IER SIGNIFICANT CON	_			NOT REI	ATED TO THE TE	RMINA	L DISEAS	E CONDITION GI	VEN IN PA	RT 1(o)	19 WAS PERFO	AUTOPSY RMED?
Ž		enic Carcin											YES X	NO 🗆
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY	OCCURRE	D. (Enler	noture of injury	in Por	t I ot Par	1 II of item 18.)				
MEDICAL		Y Manth, Day, Yes		NJURY OCCURRED			NJURY (Mame, fret, affice bldg.,	arm,	20f. (City	or town)		(County	1	(Stole)
MED	Hour o.m.	19	While of wor	k d of work	"	erorit tire	on onice orago	1						
	21. I certify th	otd aftended the	deceas	ed from Janu	arv 3	3	1956 . toM	arc	h 23	1956	Sibraci	TOEKS	enostica.	- Astronom
		XXXXXXXXX												
		11	1 4	F/ /	11					treet, city or town.				ATE SIGNE
	ACTUAL SIGNATURE	RURCA		11/201	garde.	M.D	VAH. FO	RT	HOUA	RD MARY	LAND		3-23-	-56
	PHYSICIAN'S									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
F	NAME (Type) 100													
22	REMOVAL (Specify)	2-07-4	-	22c. NAME OF CE						TION (City, lawn,			(Stal	e)
22	Surial FUNERAL DIRECTOR	S SIGNATURE	16	Baltimore	Nati	onal							101	
			00 11		D. *	1	1 1 1	MC.D.8	Y-REGIST	RAR 246. REG		J	KE _	11
W	M-COOK-BIT	ght Inc.60	UY HE	riord nd.	, part	10.11	MO I DATE			Wan	voon	O.	CRA	Her.

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VS. A15ME(5) 5M 9/55 Reg. Dist. No.

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ŀ.	No.		- (1-5)
-	1 0			-	

		PLACE OF DEATH D_COUNTY .			here deceased lived. If institutions Resi				
		Baltimore	MARYLAND	o STATE Lieryl	and b. COUNTY Bal	latamore			
1	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest towns	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURAL a	nd give nearest town)			
		Middle hiver		Baltimor	re .	у ,			
7		NAME OF HOSPITAL OR INSTITUTION (If not in hospi	itat, give street address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?			
	G	len L. Martin Plant H	ospital	11 N. Str	reeper St.	YES NO 13			
		NAME OF DECEASED Type or print) William Ma:	middle rion Thei		4. DATE Month of DEATH March	Day Year 19 1956			
	5. \$	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH		R TYEAR IF UNDER 24 HRS.			
		Male White WIDOWED			107 (loss brobboy) 49 yrs. Months	Days Hours Min.			
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KII uring most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of	or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?			
V			reraft	Maryland		I.G.A.			
/	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME				
		Fredrick Theisz		Mary Air	268				
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Se no, or unknown)	OCIAL SECURITY NO. 17. IN	FORMANT	Address				
e.			7-03-2101 Ire	Louise Th	eisz 11 N.Stree	eper St.			
		18. CAUSE OF DEATH [Enter only one cause per line for	or (a), (b), and (c).]		*	INTERVAL BETWEEN ONSET AND OFATH			
		PART I. DEATH WAS CAUSED BY: UMMEDIATE CAUSE (a) COLONAUS OCCULSION ONSET AND DEATH							
		DUE TO							
		Canditians, if ony, which } [b]	Ų						
		gave rise to immediate cause ((a) stating the underlying DUE TO							
		coute lost. (c)							
	중	PART II, OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NALDISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?			
1	3					YES NO			
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURNOCCURRED TE	Her nature of injury in Part	I or Part II of item 18.)				
	₹	20c. TIME OF INJURY Month, Day, Year 20d. IN	INTER OCCURRED 20e. PLAC	E OF INJURY (Home, farm,	20f. (City or tawn) (C	aunty) (Stole)			
	MEDICAL	Hour o. m. While of work	Nat while facta	ry, street, affice bldg., etc.)		/			
		21. I certify that I took charge of the re	emgins described abay	re, held an Autopsy	Inspection D. Inqu	iry F, and find that			
		death resulted fram: Natural causes	Accident [], Suic	ide [], Homicide	. Undetermined cause].			
		IMB:	, –						
		SIGNATURE	27-	M.D. CHIEF MEDICAL EXA	AMINER [DATE SIGNED			
ASSISTANT MEDICAL EXAMINER [7/2//17			
		EXAMINER'S MB. DAVIS	111)	DEPUTY MEDICAL E	XAMINER []	1 1/4 0.			
	22a	REMOVAL (Speciful	22c. NAME OF CEMETERY OR		22d LOCATION (City, town, ar county)				
		Furial 3-22-50	Oak Lawn Ce		Baltimore, Mar				
		funeral director's signature 3•Dabrowski 2818 E. Bal	ADDRESS	240 REC'D	BY REGISTRAR 24b. REGISTRAR'S S	IGNATURE A			
	1	Dabrowski 2818 E. Ba	ltimore St.	Man	ch/21,1956 / Mrs. E	deth Hurley			

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YS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

02653

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I BLACE OF BEATH

Reg. Dist. No. 30

I PRACE OF BEATH		A. OBORE RESIDE	HCE (HOME, OF D	ECENDED
COUNTY Baltimore	MARYLAND	STATE IId.	COUNTY	Baltimore
CITY (If outside corporate smits, write RURAL OR and give neerest town)	LENGTH OF STAY (in this place)	CITY (it outside corporate limits, write RURAL and give neerest town) OR		
OR and give neerest lown) TOWN Catons ville	(iii ima piece)	TOWN Balti	more	6
HOSPITAL OR PARADISO NURSING	r Home	STREET ADDRESS	(H rurel giv	va location)
STREET ADDRESS Paradise Ave. &			ock Glen B	bao
3. NAME OF (First) (A	Aiddle)	(Lost)	4. DATE (Mor	
(Type or Print) Sophia	F. Tin	ley	DEATH LE	arch 3/56 19
5. SEX 6. COLOR OR 7. SINGLE, MARRIEI	D. I S. DATE O		9. AGE lest birthdey	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female W. (Specify) WI	dow June	4,1875	яу 08	Months Days Hours Min.
	OF BUSINESS	11. BIRTHPLACE (State or fore	nign country)	12. CITIZEN OF WHAT COUNTRY?
ratired H. W. Own		Baltimore.	Md.	COOMAI
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Heinrich Cran		Florentina	Bruckmann	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	RT
(Yas, no, or unk.) (If Yos, give wer or detes of service)		Mrs. Art	hur Gladmo	n.515 Rock Glen
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	manda bilata	ral (Broncho-p	neumonie)	3 days
DUI 70	nontal, briate.	MET (DI OTTOREO)	incumoniae,	5 444.7
MILECEDELLI CYONEIN				
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	4	t D.		E
DISEASE OR CONDITION CAUSING DEATH. HYPE I		io-vascular Di	.sease	5 yrs.
196. DATE OF OPERATION 196, MAJOR FINDINGS C	or OPERATION			YES NO X
216. ACCIDENT WAS UNDERLYING 216 PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of		1c. WHERE DID INJURY OCCU	JR? (City or town)	(County) (Stele)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		21f. HOW DID INJURY OCCU	ID 2	
While	Not while	ZII. NOW DID INJORT OCC	JK E	
22. I hereby certify that I attended the decease		10 51 to Man	och 3 10 56	that I lest saw the deceased
alive on Aarch 3, 1956, and				
SIGNATURE	inai deain occurred ar.		RESS (Street, city, tow	
オッ・ り でえって	M fan	allow Hill Ave	a. Boltimore	29, Md 3/5/56
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	n, or county) (Stele)
Burial Harch 6/56	Loudon 1	ork	Baltimo	na 113
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
on Mar. 7, 1956 V. E. Dar	M	HOWE TH	die 1/20	1 Lidmondson Ave
	1-12			

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2659 CERTIFICATE OF DEATH

02655

			38
Reg.	Dist.	No	

1, PLACE OF DEATH	2. USUAL RESIDENCE	E (HOME) OF DECEA	SED
COUNTY Baltimore MARYLAND	STATE Md.	COUNTY Ba	ltimore
CITY (If outside corporate lymits, write RURAL OR end give named lown) TOWN Daltumore - 12 LENGTH OF STAY (in this place)	TOWN Baltis	te limits, write RURAL and give	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 500 Murdock Rd.	ADDRESS 500 M	(If rural give location urdock Rd. Zon	
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Yeor)
(Type or Print) ANGELO VICARI		DEATH Mar	
male white Specify married 8. Date of	il 20,1874	\$1 yrs. Month	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commission Merchant - Fruit	11. BIRTHPLACE (State or foreign	constal	12. CHIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	
Michael Vicari	Rose Jeros		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & AL	DDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service) None	Mrs. R. I	ouise Vicari-5	00 Nurdock Rd.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) A CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A)	Hemonkag E.	-Duodenal U	ONSET AND DEATH
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.			
196, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES NO
21s. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	TC, WHERE DID INJURY OCCUR	(City or fown) (0	County) (Slata)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21c. INJURY OCCURRED While M. at work at work	21f. HOW DID INJURY OCCUR		
alive on March 28, 19 56, and that death occurred at signature	PP.M. from the ca		tated above.
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	V .	LOCATION (City, fown, or co	
Burial 3/31/56 Western Ce		Balto, Md.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25.) FUNERAL DIRECTOR'S S	A HANLID JU	ADDRESS BUTTO

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23. PORIAL.

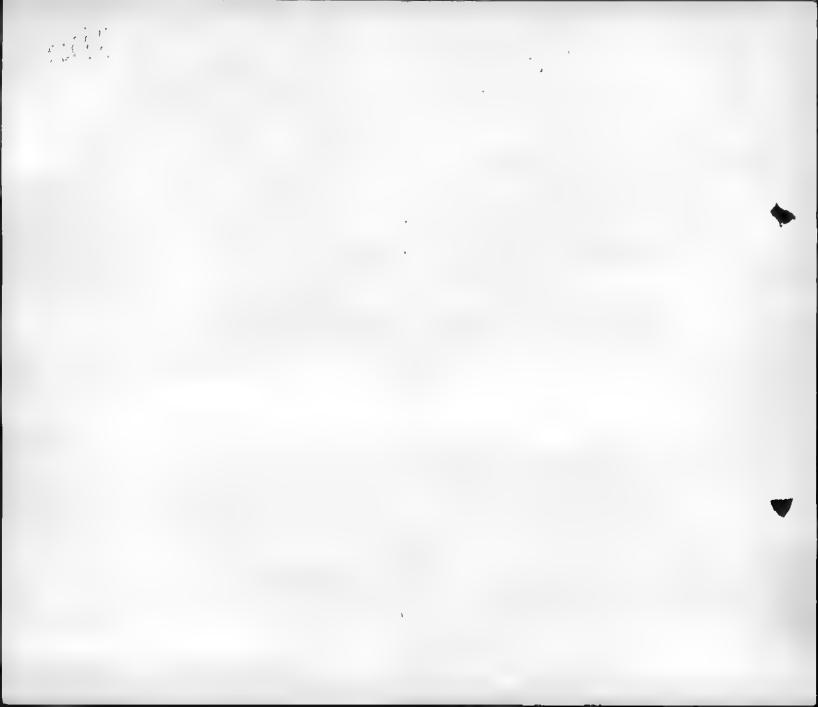
DATE REC'D BY LOCAL

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· 60 22. I hereby certify that I attended the deceased from 45 2920 N. M. D DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) State 23. BURIAL, CREMATION, REMOVAL (SPECIFY) REGISTRAR'S SIGNATURE 24) FUNERAL DIRECTOR DATE RECIO BY LOCAL ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15C 1-55 10M

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02661

2674 CERTIFICATE OF DEATH

Iter 9. FilmGl94 3-22-76 e-	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltenere MARTLAND	STATE PELOLIS COUNTY PRETERENTE
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF STAY (inghis piece)	CITY (III outside corposite limits, write RURAL and give nearest lower) OR TOWN
X CEER CALVILLE I PURCULA	STREET _(II rural give location)
HOSPITAL OR INSTITUTION OR ME STREET ADDRESS Majoric Home of Ma	ADDRESS 4330 Parkside &v.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Year)
(Type or Print) Mary	Taker DEATH/Vaiver 15 19.56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Temali White Brecity andow Sept	/(8 / / \$/7/ 78 yrs.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stata or loraign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. WILLIAM FRAZIER	JULIA L. BROWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] (II Yas, give war or dates of service)	17. INFORMANT & ADDRESS FREE TO BE ANK L. SMITH JR
(Yes, no, or unk.) (Il Yas, give war or dates of service)	COCKEYSVILLE MD
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIPICATION INTERVAL BETWEEN ONSET, AND DEATH
. X IMMEDIATE CAUSE (A) INELLMI BILLO	+ tays
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	7
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
DE LOCUMENT MARCHINER DE LOCUMENT DE LOCUM	YES NO
OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	le. WHERE DID INJURY OCCUR? (City or town) (County) (Sloto)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While M. i at work at work	III. HOW DID INJURY OCCUR?
W/ 11/12	10 to Market 15" 10 5 (c. short bet ever the decount
22. I hereby certify that I attended the deceased from	P 66.5 M
alive of the coursed at a signature.	ADDRESS (Street, city, town, steta) DATE SIGNED,
walter / /Cie.	Cockersuille Md 3/15/56
23. BURIAL, CREMATION, DATE, THEREOF NAME OF CEMETERY OR	
REMOVAL ISPECIFYIN 3/17/56 Cake La	- Court Beilling to me
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
May to be Smith	Was Good Mic 1217 H half

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02662
orrec	2518 CERTIFICATE OF DEATH Reg. Dist.	No
ping of information carefully. The correct uses of death clearly and legibly.	I. PLACE OF DEATH: COUNTY Outside corporate limits, write RURAL LENGTH OF STAY OR and give parest town) TOWN HOSPITAL OR INSTITUTION OR S8 / Well Gale STREET ADDRESS 88 / Well Gale INSTITUTION OR SECRASED: (Type or Print) SEX: SEX: COUNTY CITY (If outside corporate limits, write RURAL and OR TOWN Well STREET ADDRESS Will Gale CITY (If outside corporate limits, write RURAL and OR TOWN Well CITY (If outside corporate limits, write RURAL and OR TOWN Well CITY (If outside corporate limits, write RURAL and OR TOWN Well CITY (If outside corporate limits, write RURAL and OR TOWN Well CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside corporate limits, write RURAL and OR TOWN WELL CITY (If outside c	
Supply every item	18. MEDICAL CERTIFICATION	M # 1.
SERVE Flease	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: HHO Note of the control of	6 KOLLO.
JARGIN KES UNFADING Physicians:	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (b) DUE TO (c)	u dyus.
TH 1	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
W WI	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	20, AUTOPSY?
M. PLAINLY, WITH especially important.	SUICIDE OF office bldg., etc.) HOMICIDE INJURY	STATE)
PLAI	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work	
PLEASE WRITE age is es	22. I hereby certify that I attended the deceased from Au	stated above. DATE SIGNED 3/18/5/
	4	



Reg. Dist. No.

1. 1	PLACE OF DEATH 6. COUNTY Baltimore			MAR	YLAND	2. USUAL RESIDENCE (Wh	ere decease	ed lived. If institute b. COUNTY	anı Residence	befare a	dmission)
_	b. CITY OR TOWN (If outsi	de corporate limi	s. write	c. LENGTH OF STAY	(INL 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)					
3.6	Fort Howard	lawn)	.,	6 Days		Baltimore					
Lo	d. NAME OF HOSPITAL (IF	not in haspital, g	ive street	address)		d. STREET ADDRESS				e. 35	RESIDENCE
Y	Teterans Admi	nictroti	on E	Fattenoi		1005 E. B	elved	ere			ON A FARM?
	NAME OF	Fir		Middle		Last	4. DATE	Man	AL.		
	DECEASED (Type or print)	HAI		H.		GINGTON	OF DEATH	March		Day 8	Year
<u></u>			_				DEATH				19 56
		olor or race ite		RIED X NEVER MARR		8. DATE OF BIRTH	0.5	9. AGE (In years last bythday)			JNDER 24 HRS
			WIDOW			October 8, 18				410	July Muit.
10a	 USUAL OCCUPATION (G during most of working life 	ive kind of work of	lane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (State	or foreign o	country)	12. CITIZ	EN OF W	HAT COUNTRY?
).	Sales Manager		T	ire Compan	V	Morristow	n. Te	nnessee	U.	S. A	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
(Charles Wigin	gton				Mamie Hensl	PTF				
15.	WAS DECEASED, EVER IN L			SOCIAL SECURITY NO). 17, II	NFORMANT		Add	ress		
'Y	es WW	give war or dates of so TI	2	14-12-9819	Cl	inical Record	s.Vet	. Adm. Hosp	ital F	+ Hor	bM brew
	18. CAUSE OF DEATH	Enter only one ca	use per li	ne far (a), (b), and (c)				123.00			LL BETWEEN
	PART I. DEATH WAS CAUSED BY: DIPORTIDE ACCORDA										
	OUE TO ARTER_OSCILEROSIS, AORTA										
	Conditions, if any, which gave rise to immediate (b)										
	casse (a), stating the under-										
	lying couse last. (c)										
Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?										
CAT	Proteus vulgaris septicemia										
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
AL C					Too at	4.00 0.00 14.14.04.44.44					
S C	Hour o, m,	onth, Doy, Yes	While	NJURY OCCURRED Not while	fac	ACE OF INJURY (Home, form, clary, street, affice bidg., etc.	, j 20f. (Cit) !	y or town)	(Co	unly]	(State)
ME	р, т.	19	at wor								
	21. I certify that attended the deceased from March 2 . 1956, to March 8 1956 shockdarps with experienced										
	atixecupacococococococococococococococococococo										
	ADDRESS (Street, city or lown, stole) DATE SIGNED										
	ACTUAL SIGNATURE	numa	ネケ	reeman		M.D. VAH, FORT	HOMAR	TVQAM AS	A NITTO		2 9 74
	3101171012	0				mio	TOTOLS.	ما المنظمانات ولما	anu-		-Pedebo-
	PHYSICIAN'S IRV	ING FREE	MAN.	M.D.							
220	<u> </u>	b. DATE THEREO		22c. NAME OF CEM	ETERY O	R CREMATORY	22d. LOCA	TION (City, town, o	or county)		(State)
	REMOVAL (Specify)	3-12-	56			ional Cemeter					(arate)
23,	FUNERAL DIRECTOR SIGI	NAPORE 100	. 1			1002 Lemotes	BY REGIS	TRAR 24b, CEGIS	Mary lai		0
+	Jon woo	1-10Kg	217	tre 600	9 H	myone (a. 11)	1 57	III Find		Pop	1

filled in by the funeral director, ges 1 and 2 should be filed with may be retained by the haspital ortending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample. Filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrar priar to burial, crematian, ar removal, and in any event within 72 bours after death.

thin 24 hours after death, Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed VS A15 (4) 18M 9/55

DEVE DE LE SAM

MARYLAND STATE DEPARTMENT OF HEALTH

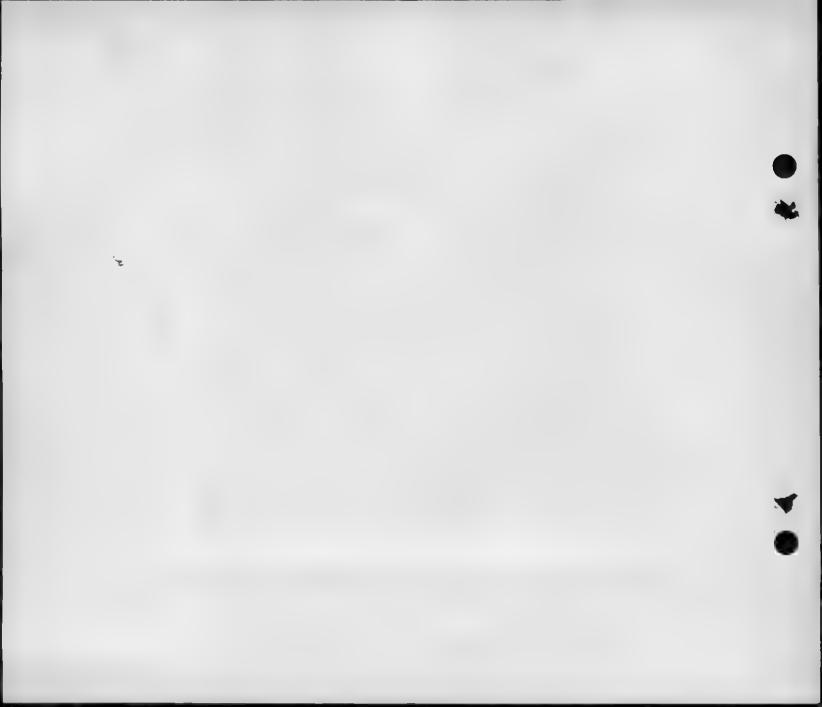
2070

2411 N. Charles Street, Baltimore

	CERTIFICATION CERTIFICATION	TE OF DEATH Reg. Dist. No)
	1. PLACE OF DEATH- COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	2. USFAL RESIDENCE (HOME) OF DECEASED- COUNTY CITY (if outside comporate limits, write RURAL and give	alto
	OR give nearest town defends (in this place) HOSPITAL OR	OR TOWN STREET (If poal, give location)	e dearest town,
	INSTITUTION OR STREET ADDRESS 2538 dycomos (Middle) 3. NAME OF DECEASED (First)	(Last) 4. DATE (Month)	(Day) (Year)
	6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under Months	I year If under 24 hrs Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACK (State or foreign country) 12 Edgemen man	COUNTRY?
	13. FATHER'S NAME Elijah Johnson	14. MOTHER'S MAIDEN NAME	, A
	15. WAS DECRAYED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Del nes Whitem 2538 plu	rama A
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
7	Immediate cause Antecedent cause(s)	luma	2 days
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
N	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	AVEN AD GARDS	Yes No Yo
	21. ACCIDENT SUICIDE HOMICIDE INJURY OCCURRED	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	(STATE)
	OF INJURY Mork Not While INJURY	the a other I	,
	alive on	4 19 to March to 1959, that I last s	
	SIGNATURE (Degree or title)	monain of Calling	DATE SIGNED
	23. BURIAL, CREMATION DATE TREREOF NAME OF CEMETER SEMOVAL (Specify) 3-7-56 DMT. Care	ERY OR CREMATORY LOCATION (City, town, or count way Can a. C.,	(State)
	DATE REC D BY LOCAL KEGISTRAR'S SIGNATURE REG. 2/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	24. JONERAL DIRECTOR	ADDRESS (Howto, My

The correct age M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

VS. A15



HOSPITAL



09666

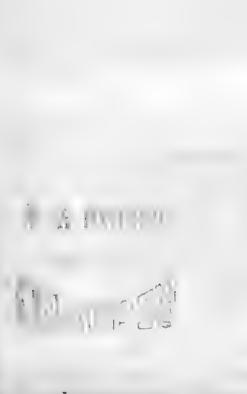
2678 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Reg. Di	it. No. "47						
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residen	nce before admission)						
13ALTIMOTE MARYLAND	O. STATE M. C. B. COUNTY Ba	ex						
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give nearest found)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)						
Edgo NERE	写 3198	- De Brz						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Rhoem MFG. Co.	d. STREET ADDRESS DundaLK	e. IS RESIDENCE ON A FARM? YES NO TO						
3. NAME OF DECEASED (Type or print) CO/AFENCE HENRY W	Lost 4. DATE Month OF DEATH	Day Year						
	3	195 C						
S. SEX 6. COLOR OR RACE 1. MARRIED NIEVER MARRIED DIVORCED DIVORCED DIVORCED	S led bushing	YEAR IF UNDER 24 HRS						
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	TRY 11 BIRTHPLACE (State or loreign country) 12. CITIZ	EN OF WHAT COUNTRY						
Store Keeper Rheem MFS &		1.5.4.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Don't know	Don't know							
(Yes, no. or unknown) (If yes, give war or dates of service)	NFORMANT NEEM MFG Co Edgemere	Md						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COLON ATY OC	Clusion	ONSET AND DEATH						
DUE TO								
Conditions, if any, which) to Atteres School	1844							
gave rise to immediate couse								
(c), stating the underlying OUE IO								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION		PERFORMED?						
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 1	Enter nature of injury in Port 1 or Part II of item 18.)	1100 100						
PRIMARY () or CONTRIBUTING () CAUSE OF DEATH.	. , ,							
\$ 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLA.	CE OF INJURY (Home, form, 129f. (City or town) (Cour	nty] (State)						
	ory, street, affice bldg., etc.)	(51014)						
21. I certify that I taok charge of the remains described abo	ive, held an Autapsy 🔲, Inspection 🛃 Inquiry	Ar and find the						
_/								
7 (0 6 00 .								
ACTUAL Gelleus	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED						
	ASSISTANT MEDICAL EXAMINER	N 24						
EXAMINER'S JACK C. COLLINS	DEPUTY MEDICAL EXAMINER	3-17-56						
220. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, lawn, ar county)	(Stote)						
Burral Spec (y) Liar. 20, 1956 Baltimore Nat								

VS A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE Ullrich Funeral Home 2112 Dundalk Ave.

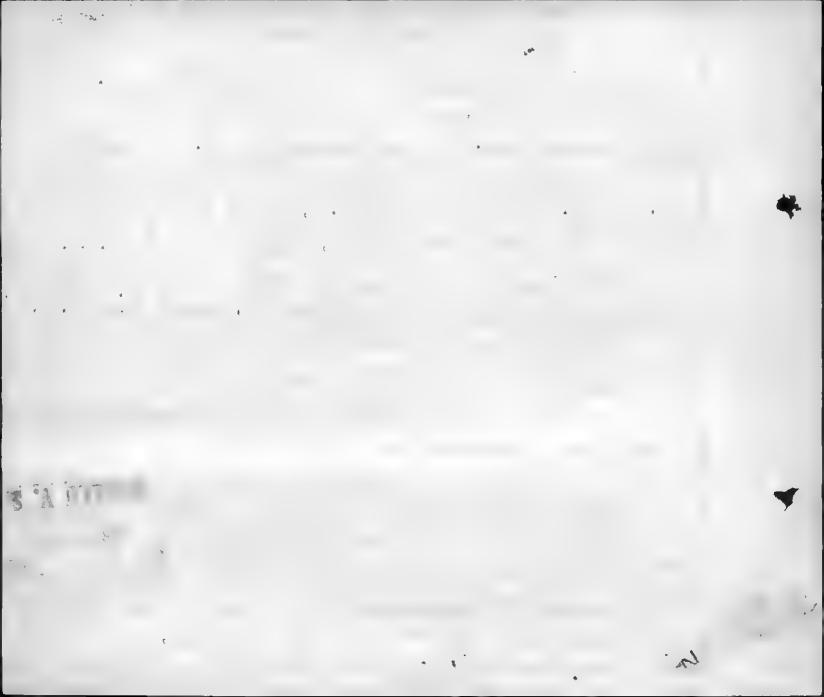
ADDRESS

Baltimore, Md.



VS A15 (4) 15M 9/55

MARYLAND ST	AIE DEPAKIM	ENT OF HEALTH	-BALTIMORE, 1	00000
2679	CERTIFICA	TE OF DEATH		Reg. Dist. No. 37
Baltimore	MARYLAND	2 USUAL RESIDENCE (Who o. STATE	b. COUNTY	Balto.
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If or	otside carporate limits, write R	
Lutherville	. 10 yrs		erville	j.
d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION Broadway Rd.	94.)	d. STREET ADDRESS	3 D3	e. IS RESIDENCE ON A FARM?
Broadway Rd.	Middle	Past PL OS	dway Rd.	YES NO
DECEASED (Type or print) Guy All	bert Wrig	ht	DEATH March	L9/56 19
6. COLOR OR RACE 7 MARRIED WIDOWED		s date of sirth Sept. 27. 187	last birthdoy)	Months Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired School Teacher.	Youngstown		io	U.S.A.
3. FATHER'S NAME		14 MOTHER'S MAIDEN N		
Wright 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCI	AL SECURITY NO. 17. IN	Unkin VFORMANT	Addr Addr	00 37aa T 4342.2
(Yer, no. or unknown) [If yes, give war or dates of service]				" Mr.Luthorville y Rd.Balto.Co.
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	NOT RELATED TO THE TERMIN (Enter noture of injury in Pace CE OF INJURY (Home, form,	art I or Port II of item 18.)	PERFORMED? YES NO TO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a. p. m. 19 White at work	Not while foc	fary, street, affice bldg., etc.)	201. (City or lown)	(County) (State)
21. I certify that I attended the deceased finalive on the standard of the second of t	and that death	accurred at 15 A	Manch 19, 1956. M. from the causes a DORESS (Street, city or town,	that I last saw the deceased above. State) DATE SIGNED STATE STATE DATE SIGNED
NAME (Type)				
REMOVAL (Specify)	NAME OF CEMETERY OF	Cemetery	Youngstown,	,,
Jarry Hubble 4101	ADDRESS KOMENDSO			TRAR'S SIGNATURE
1	Dept. Sell			



UNFADING INK.

is especially important. Physicians:

SE TYPE OF

PLEASE

OR WRITE PLAINLY, WITH

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Supply svery item of informatios carefully.

mlease write the cmumes of dmath clemrly and legibly.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02668

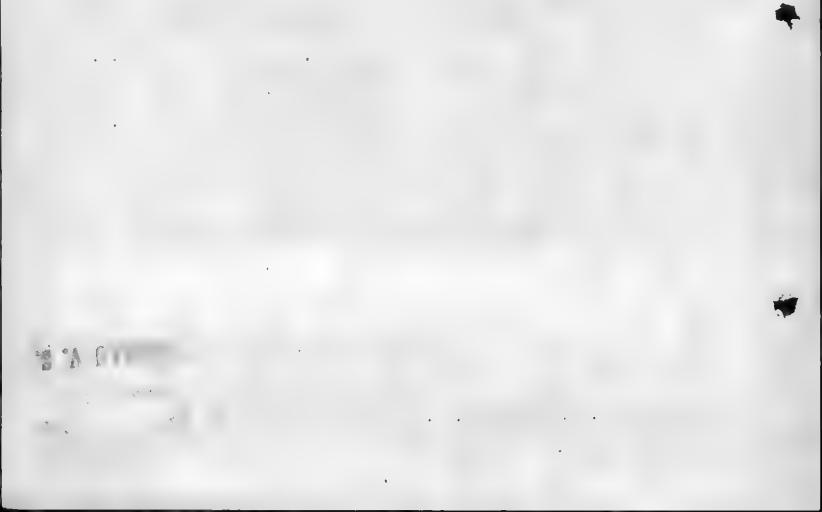
2000 CERTIFICATI	E OF DEATH Reg. Dist. No. 30
268) CERTIFICATI	2. USUAL RESIDENCE (HOME) OF DECEASED:
T, FEAGE OF DEATH.	44 4 4
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CiTY(If outside corporate limits, write RURAL and give nearest town)
TOWN Catonsville 6yrs 5mths	Adystown Baltimore City .
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS SPRING GROVE STATE HOSP.	ADDRESS 1711 E. Lombard StBalto. 31
S. NAME OF DECEASED: KATHERINE (Middle) ZAC	HOW DATE (Month) (Day) (Year) OF DEATH March 4, 19 56
female 6. COLOR OR 7. SINGLE, MARRIED. B. DATE WIDOWED. DIVORCED. July 7	Market
104 USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY: even if retired): embroidering	Maryland COUNTRY?
13, FATHER 5 NAME:	14. MOTHER'S MAIDEN NAME:
Ludwig Karl Zackow	Pauline Schmidt
18. WAR DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates unknown of service)	Records Spring Grove State Hospital
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8)	Hemmonligo (Roght) INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N. C.
	20. AUTOPSY7
21A ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
22. I hereby certify that I attended the deceased from	30 , 19 49, to Munch 4, 1956, that I last saw the deceased
alive on March 4, 1956, and that death occurred at SIGNATURE	ADDRESS AND THE SIGNED SATE SIGNED 3/4/56
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETI REMOVAL (SPECIAL) 3/7/16 MT (OUT	ERY OR CREMATORY LOCATION (City, town, or/county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS



-026	6	9
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CERTIFICATE OF DEATH 2681 Ren. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY Baltimore b. COUNTY Md . Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cwings Lills 36 yrs. Owings Mills d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Reisterstown Road YES IN NO DE NAME OF Middle Month Year DECEASED OF DEATH Margaret (Type or print) Elizabeth March 20,1956 Zepp 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS dost birthday) June 4,1873 White Female WIDOWED TO DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired)
Housewife Md. U.S. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Larkins Sarah A.Frank 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Joseph F. Zepp, Owings Mills, Md. None No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage davs IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which) Hypertensive C-V Disease vears gave rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? none YES NO [X] 200. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING TO FAMILE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) none 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f. (City or fown) Day, Year (County) (Stole) factory, street, affice bldg., etc.) While Not while at work at work at work I none none none 3–20–56 , 19 , that I last saw the deceased 21. I certify that I attended the deceased from 11-9-39 19 _____, and that death accurred at 12:30 AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 6 Hanover Road Caples Reisterstown NAME (Type) 220. BURIAL, CREMATION. | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Mar. 22.1956 Grace Methodist Baltimore County 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE .F. Eline & Sons, Reisterstown, Md. DATE 3 -20-56

TO



VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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2682 **CERTIFICATE OF DEATH**

	U	4	U	
60n 6	 			

02670

	NOOL	Keg. Dist. No.
	1. PLACE OF DEATH OCCUPITY ON HEMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY ()
,	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate lynyts, write RURAL and give nearest town)
	3. Williamile Syllime	Parleville X
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS
	2 NAME OF	10 t Chunk Jane YES NO D
	3 NAME OF First Middle DECEASED (Type or print)	3 Lost OF A. DATE Month Day Year OF LOS
	5. SEX 6 COLOR ON RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH P AGE (In yours IF UNDER I YEAR IF UNDER 24 HRS
	Mule White WIDOWED DIVORCED	Flee, 4 1880 lost birthday) Months Doys Hours Min
V	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
7	Building polocidar	- Marklund U.S.a.
	13. FATHER'S NAME	14. MOTHER'S MANDEN NAME
	mus of finner	Emma Pick
é.	15 WAS DECEASED EVER IN U. S ARMED PORCES? 16 SOCIAL SECURITY NO 17. [Yes. no. or unknown] [If yes, give wor or dates of service]	INFORMANT Address
1		It. George Jemmer Villand
	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c)]	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chroul	a Myorardiko 3 mons
	260 X DUE TO M	
	Canditions, if any, which gave rise to immediate (b)	cilitaris, 5915,
	cause (a), slating the under DUE TO	des neallist the
	lying cause last.) (c) (c)	10 11 11 11 10 10 10 10 10 10 10 10 10 1
1	Part II. OTHER SIGNIFICANT CONDITIONS CONTR BUT NG TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
?		YES NO X
	206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I ar Part II af ilem 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Hour a. js. While Not while for work of work of work	ctary, street, affice bldg., etc.)
	21. I certify that I attended the Secensed from Jan	1955, to Maria, 1956, that I lost saw the deceased
	olive on March 2 w/, 1956, and that deat	occurred at 10:2 M, from the causes and on the date stated above.
		ADDRESS (Street, city or lown, state) DATE/SIGNED
	SIGNATURE QUESTA MILLEN	No. TIKesville-of, Med 3/3/50
	PHYSICIAN'S /Dr. James A. Mill	er-
	220. BURIAL, CREMATION, 226. DATE THEREOFT 22c. NAME OF CEMETERY'S REMOVAL (Specify)	PRICEMATORY / 22d. LOGATION (City, tays) of county), (State)
	Buriss March - 5.196 Mount	idae Centles Pelisville, Marifand
	23. FUNERAL DIRECTOR'S SICHATURE	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	frank A. Howell Heden	Ale DATE Dorothy Newellon





BURLAU V. R.

SAMI S RAMI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02671

2633

CERTIFICATE OF DEATH

Reg. Digt. No.

1tem 12, FilmG194 4-2-50 et	,
I. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USHAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR CITY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR House in The Pines STREET ADDRESS 16 Fusting Ave.	STREET (If rural, give location) ADDRESS 6006 Glen Oak Ave
3. NAME OF (First) (Middle) DECEASED (Type or Print) Felicia Messina	(Last) 4. DATE (Month) (Day) (Year) OF DEATH March 24. 1956
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily) Widow	S. DATE OF BIRTH 9. AGE last birthday If under 1 year Hours Min,
10a. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OF INDUSTRY 10a. USUAL OCCUPATION (Give kied of work left) 10b. KIND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Citizen What Country? Country?
13. FATHER'S NAME Salatore Messina	14. MOTHER'S MAIDEN NAME Dominica
15. Was Decrased Ever In U.S. Armed F aces? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS
18. MEDICAL CE	Mr. Joseph P. Zito 4110 Milford Mill Road
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	- artemoleules Hait deur France
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	arthurdens
(c)	The state of the s
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19m. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yee No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (GOUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY Not While at Not While Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from L.13.	1, to 3.24.516 that I last saw the deceased
alive on	ADDRESS DATE SIGNED
	4605 Edmondson Ave. March 26, 1956 RY OR CREMATORY LOCATION (Otty day) (State)
Burial, CREMATION DATE THEREOF NAME OF CEMETER Burial March 28, 1986 New Cathe	edral Baltimore Md.
25/27/56 (1) Jedrud	John O. Mitchell & Sons Inc. 1906 Eutew Pl.
1/202	



2684

CERTIFICATE OF DEATH

g. Diet. No.

		O1	3(111107(1	E OF DEAT	Reg. Dist.	No
	I. PLACE OF DEATH- COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (E	CO CO NOTE	VTY
1	CITY (If outside corporate limits, on OR give nearest fown) Y TOWN	write RURAL and	LENGTH OF STAY		te limits, write RURAL and	give nearest town)
	HOSPITAL OR INSTITUTION OF STREET ADDRESS ET			STREET ADDRESS 313 Sou	(If rural, give location) th Collington A	venue
	3. NAME OF (First) DECEASED (Type or Print) ALBERT			(Last) OTKOWSKI	4. DATE (Month) OF DEATH March	(Day) (Year) 8 1956
	Male White	RACE 7. SI WII	NGLE, MARRIED, DOWED, DIVORCED, Specify) Married	Sept. 30.1889	9. AGE last birthday If und Mont	hs. Days Hours Min.
4	10a. USUAL OCCUPATION (Give kir done during most of working life, even Laborer	if retired) INDU	KIND OF BUSINESS OR CTRACT CO.	Poland Poland		12. CITIZEN OF WHAT COUNTRY?
	Alexander A Zlotkowski				nown	
)/	15. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unknown) (II year, give we Service)	ED FORCES? 16.	Social Security No. 12-10-0965	Clin.Rec., Vet.A		Howard, Md.
	I. DISEASES OR CONDITIONS DI		is. medical ce ing to death INOMA OF LUNG	BTIFICATION	w-#	INTERVAL BETWEEN ONSET AND DEATE UNKNOWN
	Antecedent cause(s) Diseases or conditions, if any	(b)				
	giving rise to the above cause stating the underlying cause i					
	II. OTHER SIGNIFICANT CONDI- Conditions contributing to the death related to the disease or condition or	but not using death.				
1	1/24/56 B5	lopsy lymr	h node, left	axilla		20. AUTOPSY?
	21. ACCIDENT (Specify) SUICIDE HOMICIDE	INJURY	ome, farm, factory, street, e bidg., etc.)	(CITY OR T		(STATE)
	TIME (Month) (Day) (Year) OF INJURY	(Hour) While		HOW DID INJURY OCC	OUR7	
	22. I hereby certify that X atte			TOTAL		
	SIGNATURE 75 CLC					0 31
	Francis G. Dickey, M.D. 23. BURIAL CREMATION REMOVAL (Specify) Burial	inchists	Holy Ros	ary Cemetery	ocation (City, town, or co Baltimore 22, M	4.4
	Rac12-56		W.Hedrich	Fred W. Ozazews	ki Funeral Home	ADDRESS
			dur	•1930 Eastern Av	e.,Baltimore, M	laryland

